*What you and your family need to know about osteoarthritis*

# Learning to Live with Osteoarthritis

ONE IN A SERIES OF
PATIENT INFORMATION BOOKS

MPI

**Medicine In the Public Interest**

Medicine In the Public Interest (MIPI) is a nonprofit organization involved in research and education relating to medicine, science, and society in the United States. Chartered in 1973, MIPI's central purpose is to provide a forum for conducting and disseminating independent, objective studies at the federal, state, or local level that will help inform the general public and aid the work of policy makers and those in the health care professions.

**BOARD OF DIRECTORS**

DANA L. FARNSWORTH, M.D.,
Honorary Chairman
*Henry K. Oliver Professor of Hygiene, Emeritus*
Harvard University

DANIEL X. FREEDMAN, M.D.,
Chairman
*Professor and Chairman*
Department of Psychiatry
University of Chicago

LOUIS LASAGNA, M.D.,
President
*Professor,* Department of Pharmacology and Toxicology
University of Rochester School of Medicine and Dentistry

WILLIAM J. CURRAN, J.D., LL.M., S.M. Hyg.,
*Francis Glessner Lee Professor of Legal Medicine*
Harvard University

RENEE C. FOX, Ph.D.,
*Annenberg Professor of the Social Sciences,*
*Professor of Sociology*
Departments of Sociology, Psychiatry and Medicine
University of Pennsylvania

CHARLES O. GALVIN, J.D., S.J.D.,
*Centennial Professor of Law*
School of Law
Vanderbilt University

ROBERT J. LEVINE, M.D.,
*Professor of Medicine,*
*Lecturer in Pharmacology*
Yale University School of Medicine

DOROTHY NELKIN, A.B.,
*Professor,* Program on Science, Technology, and Society, and Department of Sociology
Cornell University

HOWARD P. ROME, M.D.,
*Professor of Psychiatry, Emeritus*
Mayo Graduate School of Medicine

JUDITH P. SWAZEY, Ph.D.,
*President*
College of the Atlantic

CHRIS J.D. ZARAFONETIS, M.D.,
*Professor of Internal Medicine, Emeritus*
University of Michigan

© 1983 by Medicine In the Public Interest, Inc. All rights reserved.
Library of Congress Catalog Card Number 82-61694.

**Medicine In the Public Interest, Inc.**
Suite 304, 65 Franklin Street
Boston, Massachusetts 02110 • (617) 482-3288

Suite 720 • 600 New Hampshire Avenue, N.W.
Washington, D.C. 20037 • (202) 338-8255

# LEARNING TO LIVE WITH OSTEOARTHRITIS

A MIPI Publication

## CONSULTANTS

Robert Bengston, R.P.T., Chief of Physical Therapy, Beth Israel Hospital, Boston

Alan S. Cohen, M.D., Conrad Wesselhoeft Professor of Medicine, Boston University School of Medicine; Director, Division of Medicine, and Director, Thorndike Memorial Laboratory, Boston City Hospital; Director, Arthritis Center of Boston University, and Head, Arthritis and Connective Tissue Disease Section, Boston University Medical Center, Boston

Roland W. Moskowitz, M.D., Professor of Medicine, Case Western Reserve University; Director, Division of Rheumatic Diseases, University Hospitals of Cleveland, Cleveland

Anna F. Yoder, R.N., M.S., Director for Ambulatory Nursing Services, Beth Israel Hospital, Boston

## PATIENT ADVISERS

Melvina Burke
William Corbett
Elizabeth Guthroe
Genevera D. Ward

## SERIES ADVISORY COMMITTEE

Pamela W. Brown, R.N., M.S., Associate Professor and Coordinator of Nursing, Massachusetts Bay Community College, Wellesley Hills, Massachusetts

Ralph Hingson, Sc.D., Associate Professor of Socio-Medical Sciences, Boston University Schools of Medicine and Public Health, Boston

John D. Stoeckle, M.D., Professor of Medicine, Harvard Medical School, and Physician, Massachusetts General Hospital, Boston

## SERIES STAFF

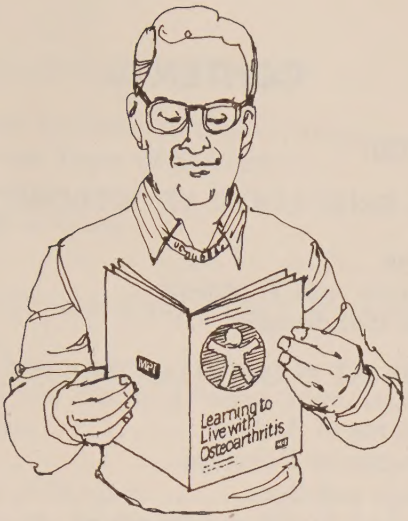
Directors: Judith P. Swazey, Ph.D., President, College of the Atlantic, Bar Harbor, Maine; Board of Directors, Medicine In the Public Interest, Boston

Ann Castle, Administrator, Medicine In the Public Interest, Boston

Writers: Sarah Jeffries and Cynthia B. Wong

Editor: Cynthia B. Wong

Researcher: Judith C. Watkins




## TO THE READER

*Learning to Live with Osteoarthritis* is one in a series of books prepared for patients by Medicine In the Public Interest, Inc. The purpose of this book is to provide medically accurate and readily understandable information about the nature and treatment of osteoarthritis and to suggest ways in which you may be better able to cope with it.

In preparing the book, we worked closely with doctors, nurses, and other medical specialists in the field of arthritis, as well as with people who are living with osteoarthritis. The professional advisers have the technical expertise regarding what patients *ought* to know, while the patient advisers helped us with what patients *want* to know and how it feels to live with osteoarthritis.

One of our goals in this book is to improve the communication between you and those who are involved in your medical care. We hope that you and they—and your family—will use it together.

---

This book contains information for patients that can be helpful in treating osteoarthritis. The information is not intended to replace the advice of a doctor.

No two cases of osteoarthritis are alike. Your doctor has chosen a treatment program that is specific to your individual needs. To get the most benefit from your program, keep your doctor fully informed of your progress.

# CONTENTS


TO THE READER ..... 1

OVERVIEW: A BRIEF LOOK AT OSTEOARTHRITIS . 4

Painful Joints ..... 5
Getting Started with Treatment ..... 5
Making Life Comfortable ..... 6

CHAPTER 1. WHAT IS OSTEOARTHRITIS? ..... 8

Different Forms of Arthritis ..... 9
How Osteoarthritis Develops ..... 9
Cartilage and Bone ..... 9
Heberden's Nodes and Bouchard's Nodes ..... 10
Muscles ..... 10

CHAPTER 2. HOW OSTEOARTHRITIS AFFECTS YOU ..... 12

Each Person Is Different ..... 12
Who Gets Osteoarthritis? ..... 13
Prognosis ..... 15

CHAPTER 3. TREATMENT FOR OSTEOARTHRITIS 16

The Office Visit ..... 16
Treatment Plans ..... 17
Making a Plan for You ..... 17

CHAPTER 4. MEDICATION ..... 19

Aspirin ..... 20
Other Pain Relievers ..... 22
Nonsteroidal Antiinflammatory Drugs ..... 22
Steroids ..... 23
Using Medications ..... 24
Following Your Regimen: When and How Much ..... 24
Side Effects ..... 25
Some Safety Tips for All Drugs ..... 25

CHAPTER 5. EXERCISE AND REST ..... 27

Exercise and Activities of Daily Living ..... 27
Different Types of Exercises ..... 28
Therapists ..... 29
On Your Own ..... 30
Rest ..... 32

CHAPTER 6. OTHER KINDS OF THERAPY ..... 33

Heat and Cold ..... 33
Ultrasound and Electrical Nerve Stimulation ..... 35
Acupuncture ..... 35
Surgery ..... 36
Kinds of Surgery ..... 36
Is Surgery for You? ..... 37

CHAPTER 7. QUACKERY, MYTHS, AND UNPROVED DRUGS ..... 39

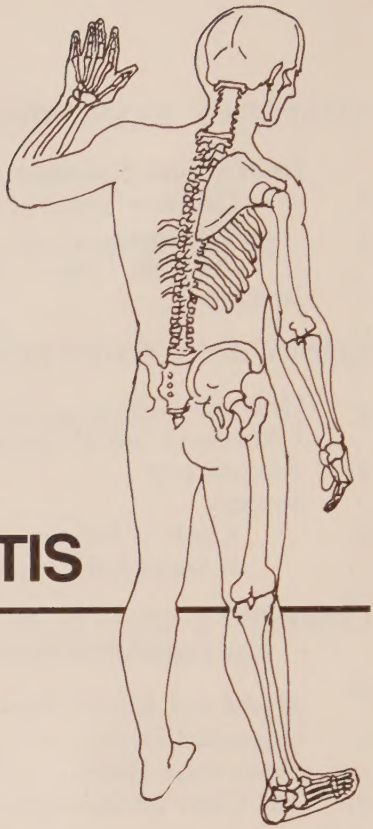
Myths and Superstitions ..... 40
Unproved Drugs ..... 40
Other False Hopes ..... 41
The Costs of Quackery ..... 42

CHAPTER 8. LIVING WITH OSTEOARTHRITIS ..... 43

Adjusting to Your Illness ..... 44
Family Life and Osteoarthritis ..... 44
Lifestyle Changes—Making Choices ..... 45
You and Your Doctor ..... 48
You and Your Other Health Workers ..... 49
Community Services ..... 50
Helpful Aids ..... 50
Sexual Relations ..... 52
Work ..... 53
Other Considerations ..... 54
Should You Pick Up and Move? ..... 54
Costs ..... 55
Taking Charge ..... 55

APPENDIX: EXERCISES ..... 56

**OVERVIEW:**



# A BRIEF LOOK AT OSTEOARTHRITIS

**What is osteoarthritis?**
**How does it happen?**
**Why me?**
**How will it affect my daily life?**

If you have recently been told that you have osteoarthritis, or even if you have had it for some time, these are probably some of the questions you have been asking. As time goes on, you will have others. In this book, we hope to encourage you to ask, to find out how you can help manage your condition and be an active partner in taking care of your health. We want to help you understand osteoarthritis, but our emphasis is on *living* with it.

We realize that not everyone wants to know everything about osteoarthritis. In fact, even the experts don't know all there is to know about it. But you probably do want to know, quickly, what it really means and how it will affect your daily life. Therefore, as a way of introducing you to osteoarthritis, we begin here with a brief picture, to give you an overview in a few pages. Then later—perhaps much later—as questions come up and as you are ready to learn more about a particular subject, we hope that you will read on.

> I watch for written information about osteoarthritis. I would like to know more about it.
>
> —James T.

In summary, this book is *your* guide, to be used in whatever way you find helpful—to learn, to raise questions, or to use as a reference. And, as you read this, we encourage you to talk about it and use it together with your doctor, your family, and others involved in your care.

In living with osteoarthritis, you may work with many people. Your primary contact will probably be your doctor. But nurses, therapists, physician's assistants, dietitians, druggists, and many other specialists also play important roles in helping you learn to live with an illness. Please keep in mind, as you use this book, that these other professionals are also included when we refer to "your doctor."

## PAINFUL JOINTS

Although the word "arthritis" is often used to describe many kinds of joint diseases, they are not all the same. Each such disease has its own special problems and needs its own form of treatment. In this book, we talk about *osteoarthritis,* one of the most common types of arthritis.

Osteoarthritis is the name given to the condition that results when the smooth lining covering the bones in your joints—the *cartilage*—wears thin. When this happens, the bones rub against each other when you move. Also, small sharp *spurs,* or little points of bone, can form in the joints. Thus, without the natural "shock absorber" of cartilage, you have pain and discomfort on moving. In addition, the muscles that support the joints may become weak, especially if the muscles aren't used because the joint hurts. Weakened muscles make it even more difficult to move.

One of the features of osteoarthritis is that it varies a great deal from one person to another. No one can tell who will get it, or where it will happen, or when it might happen—or even how much it will hurt. The pain can be very severe or quite mild, or anywhere in between. It can be there all the time, or it can come and go. It can get worse, or it can get better. Osteoarthritis can cause a good deal of disability for some people. Others might have only a few twinges during damp or cold weather.

## GETTING STARTED WITH TREATMENT

If you are middle-aged or older and have some of these aches and pains, you may think that they are just signs of aging. Even if

you are young, you may prefer simply to live with the discomfort, if it is there only part of the time, rather than worry about what might be causing it. Most of us have an ache somewhere or other a fair amount of the time—but we also have other things in life to think about. Also, because osteoarthritis causes no other symptoms that make you feel "sick," it might be easy to overlook "simple" problems of getting around.

It is very important, though, not to keep putting up with these symptoms. The sooner osteoarthritis is diagnosed, the sooner your treatment can be started. This is really the best possible way to help keep the disease from becoming disabling. If treatment is begun promptly, it can often keep the disease from getting worse. In fact, if you already have some disability, much of it can be reversed by immediately starting on a good treatment program.

Unfortunately, there is *no cure* for arthritis—no miracle drug, no special diet, no special herbs or gimmicks. In most cases, though, good treatment can help a great deal. If you are under a doctor's care and work hard, your treatment program should help relieve your discomfort and let you continue an active and independent life.

The basic approach to treatment involves medicine, exercise, and rest. Medicine helps reduce pain, while exercise and rest help strengthen your muscles and keep you moving comfortably. Other forms of treatment may include hot packs, whirlpool baths, and certain soothing procedures done in a hospital therapy department. For some kinds of osteoarthritis, surgery may be recommended. Usually, though, the basic program of medicine, exercise, and rest is tried first, with good success.

No two people have exactly the same needs, so you and your doctor will plan a program around yours. It will depend in part on what joints are affected and how badly. But it will also depend on you—who you are and what you want to do and can do. It will be designed by and for you.

## MAKING LIFE COMFORTABLE

Because treatment for osteoarthritis is a lifelong project, you will want to be as comfortable with your program as possible. Therefore, you will want to feel comfortable with your doctor. Ask questions. Get answers. Tell the doctor what hurts or what you don't like—and what you do like.

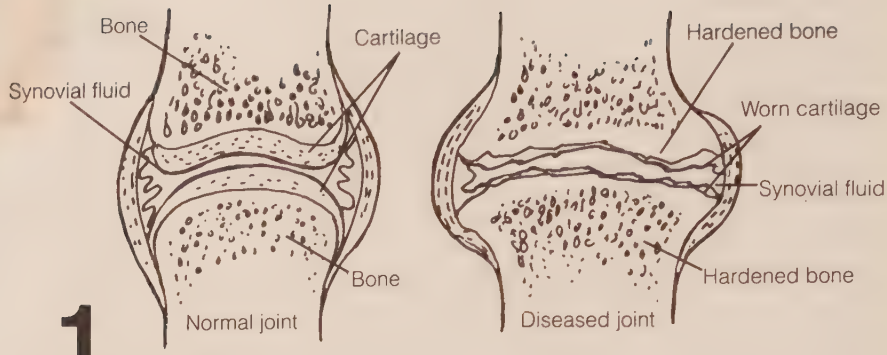
You may also get a lot of help from others, especially nurses, physical therapists, and occupational therapists. These people are particularly helpful with the daily aspects of living with a painful illness. They can help you plan an exercise program, learn how to get out of a chair more comfortably, or find a homemaker's service for grocery shopping. In other words, they can help you work your program into your life without letting the disease run your life. Your doctor may refer you to one or more of them. If not, and you want help, ask.

Osteoarthritis is a serious illness, but it can, for the most part, be managed quite successfully. By sticking with their treatment programs and not being afraid to ask for help, most people are able to continue doing a great many things with little, if any, discomfort.

The early stages may be the most difficult, as you adjust to the fact of your illness, as you and your doctor find out what treatment is best for you, and as you work a program into your daily life. You will learn what you can do, what you will need help with, and what you may want to stop doing altogether.

Understanding your illness, recognizing that there are things that you can do that will make a difference, and having confidence in yourself and your doctor are important parts of living well with osteoarthritis.

> The more that patients understand about their osteoarthritis, the better able they will be to keep it under control.
>
> —Dr. L.




# 1 WHAT IS OSTEOARTHRITIS?

Where two bones meet, they form a *joint*. Usually, one or both of the bones move. The joints in our bodies are made to put up with a lot of hard work. Just remember the millions of movements you have made in your lifetime—many of them without even thinking about it. Each movement uses several joints at the same time, and they generally work smoothly, painlessly, and easily. In fact, it is likely that they have been supporting you and moving for you with only an occasional protest for a number of years—which is what they are meant to do.

Covering the bones of each joint is a smooth rubbery substance called *cartilage*. It acts as a cushion and shock absorber so that your bones don't rub against each other and become damaged with impact or stress. The cartilage is lubricated, or kept wet, by a sticky material called *synovial fluid*. By making the cartilage slippery, this fluid helps the joints move smoothly. The bones and the whole joint are held together by tough straps of tissue called *ligaments*.

Your backbone, or *spine*, is a little different. The bones in the neck and back are *vertebrae*. The cartilage between them consists of cushion-like pads called *discs*. The entire spine, or *spinal column*, is held together by ligaments, as with the other joints. Besides supporting you and letting you bend and move, the vertebrae protect the *spinal cord*. Most of the body's nerves are attached to the spinal cord, which is a thick cord of tissue running down through the center of the vertebrae.

Normally, all these things—bones, cartilage, synovial fluid, and ligaments—work well together, helping you move freely and painlessly. However, with so many "parts," things can sometimes go wrong with the joints. Osteoarthritis is just one of them.

## DIFFERENT FORMS OF ARTHRITIS

*Osteoarthritis* is really only one of a family of nearly 100 conditions called *arthritis,* all of which cause joint and muscle pain. The word "arthritis" means *inflammation* of the joints, or hot, swollen, red, and painful joints. Actually, the amount of inflammation varies a great deal among the different forms of arthritis, from none at all to severe. Inflammation may occur with osteoarthritis, but it is usually mild. Severe inflammation is more commonly associated with another type of arthritis called *rheumatoid arthritis.*

Osteoarthritis, rheumatoid arthritis, and all the other forms of arthritis are different diseases, affecting the body in different ways. And each kind requires a different treatment program. This point can be confusing to someone whose arthritis is newly diagnosed. It can be even more confusing when newspapers, advertisements, and television programs refer to "arthritis" or "the pain of arthritis." Such talk makes it sound as if all forms of arthritis were the same—or as if all could be treated in the same way. They cannot.

In this book, we will talk about one kind—osteoarthritis—in the hope of helping you sort out the confusion.

## HOW OSTEOARTHRITIS DEVELOPS

When you have osteoarthritis, several parts of your joints can develop problems and cause you pain—possibly a lot of pain. Let's look at what this disease does to your cartilage, bones, and muscles.

### Cartilage and Bone

Cartilage is thin to start with, and when it breaks down because of the disease, it can get even thinner. However, the bone surfaces next to the cartilage become thicker. Nobody knows exactly why. Little jagged bony lumps known as *spurs* also form. The combination of worn cartilage, the thicker bone surfaces of the joints, and the presence of spurs may cause pain when moving.

Osteoarthritis can also occur in the vertebrae of the spine. The discs may bulge out from between the vertebrae, causing pain. Pain can come from the bony surfaces rubbing against each other, or the discs may push on the nerves attached to the spinal cord. The discs may shrink with age, too, causing bony spurs to form on the vertebrae.

### Heberden's Nodes and Bouchard's Nodes

Occasionally, knobby spurs of cartilage and bone develop in the joints of the fingers. They may occur at the ends of the fingers (called *Heberden's nodes*) or in the middles of the fingers *(Bouchard's nodes)*. While the nodes are forming—over a period of months—they usually cause a lot of pain. Then, when they are as big as they are going to get, the pain often goes away, but the fingers stay knobby and sore looking. Other changes in the bones and cartilage may make the finger joints looser, which can affect their sideways motion.

> Over the years, my hands have felt increasingly clumsy and large—sausage-like. They have lost strength. I drop things and knock over glasses.
>
> —James T.

### Muscles

Joints also have muscles attached to them. These muscles give support to the joints and help them move. If the muscles around a joint are strong, the joint can move easily. If they are weak, the joint won't move as well as it should.

One thing that happens fairly regularly in people with osteoarthritis is *muscle fatigue*. The muscles simply get tired. Because of changes in the joints—worn cartilage or the formation of bony spurs—the muscles around them have to work harder. Just supporting painful joints means extra work for the muscles. This extra work is called *stress*. The word "stress," when talking about osteoarthritis, refers to the weight or workload on the joints. It doesn't mean emotional upset or nervousness.

In addition, the muscles that support the joints can also become weak from lack of exercise or incorrect use. This is especially likely to happen if they aren't used because the joints hurt. Joints that are surrounded by weakened muscles are more painful to move than those protected by muscles that are strong enough to share the stress. Then, if the unprotected joints are suddenly used

in a new way—such as in a rare game of ball with a grandchild—the cartilage can be injured. Or tiny breaks can occur in the joints, causing bony spurs to form.

The muscles around an affected joint may become tense and may *contract* (tighten) in response to pain. These contractions are called *spasms*. Spasms can make you tend to hold a joint tightly or cramped up. If you do that for too long, the joint may lose its natural shape and its ability to move.

So far, we have talked about some of the physical features of osteoarthritis. Now let's look at ways in which it might affect you.

# 2 HOW OSTEOARTHRITIS AFFECTS YOU

Osteoarthritis can be tricky. You don't just wake up one day and discover that you have it. What most likely happens is that, over a period of time, you notice stiffness and perhaps a few twinges of pain in one or more of your joints when you get up in the morning or after you have been resting for a while. The stiffness usually loosens up as the joints are moved, but some people find that it becomes worse as the day goes on.

Aches and discomfort can occur after the joints have been used, too. You might find that you can't move around very fast. You may also experience *crepitus,* creaking or grating sounds as you move.

At first, you may forget all about the symptoms if they go away. Later, though, they may appear more often. Eventually, you may have aches, stiffness, or pain several times a day, many days in a row.

## EACH PERSON IS DIFFERENT

Although osteoarthritis can occur in any one joint or in several joints, it seems to attack some joints more often than others. It is especially likely to affect those that support your weight as you move. These are called *weight-bearing joints* and include the knees,

hips, and spine. The ankles support your weight, too, but osteoarthritis doesn't usually happen there. Other areas where it may occur are the fingers, toes, and neck.

> I have had arthritis for about 10 years, with aches and pains mostly in the knees, hips, and ankles. It settled in my knees and gives me great difficulty in walking.
>
> —Olive W.

Some people may have it in many joints but feel discomfort in only one. The symptoms and course of the disease vary from person to person. There is really no way to tell how little or how much discomfort any one individual might feel. Some people have almost none, even though x-rays show that they do indeed have the disease. Pain can come and go—it can be there every day for hours or weeks and then disappear for hours or weeks, or even months.

Inflammation doesn't occur too often with osteoarthritis, but it can. Again, it is a matter of how the disease affects each individual. Like pain, the redness, swelling, and heat of inflammation can come and go over long or short periods of time. It is more likely to appear when an already diseased joint is overused. Once the extra stress on the joint is stopped, the inflammation generally goes down. When inflammation is present, it is usually mild. Even a small amount can be painful, though.

Osteoarthritis can develop slowly and remain mild, or the symptoms can get worse and cause disability within a matter of months. As with so much about arthritis, the reason for these differences is not clear.

## WHO GETS OSTEOARTHRITIS?

Between 30 and 40 million Americans have osteoarthritis. This very common disease has been around since the time of the cave dwellers. Most people, by the time they reach their 60s or 70s, will probably have some osteoarthritis, but it is *not* a disease only of older people. Many in their 30s and 40s have it.

The condition occurs in both men and women. It can run in families, but it doesn't always. Sometimes it comes on as the result of an injury, but again, this isn't always the case.

Research has added a great deal of knowledge about osteoarthritis. The exact cause, though, is still unknown. Because it occurs

so often among older people, however, it has mistakenly been called the "wear-and-tear" disease. But osteoarthritis is not the result of normal wear and tear. Most of the time, getting osteoarthritis really has nothing to do with how active or inactive you've been. A lifetime of heavy work or rough sports doesn't mean that you definitely will get it. A quiet, inactive life doesn't mean that you won't.

Of the two main forms of osteoarthritis, *primary osteoarthritis* just happens. It is not caused by anything in particular, although some experts believe that it may run in families. *Secondary osteoarthritis,* however, is thought to result from some underlying injury or even from other kinds of arthritis, such as rheumatoid arthritis.

In addition, certain factors may influence whether or not a person might develop osteoarthritis. They include age, family history, and physical activities. These factors *do not cause* osteoarthritis; rather, their presence may make someone more likely to get it.

• **Age and sex.** Some people develop osteoarthritis while they are young, but more often it comes on with aging. In fact, anybody who lives long enough will probably get it to some extent. When x-rays are taken of the joints of people older than 60 years, most show some signs of arthritis. This does not mean that everybody over a certain age has pain, deformity, or other symptoms. It simply means that with increased age, there is some degeneration or wearing away of certain body tissues such as cartilage and bone. In people under 45 years old, osteoarthritis is more frequent in men. But beyond age 45, more women than men have it.

> The first sign of arthritic pain for me occurred when I was in my early 30s.
>
> —Adele S.

• **Family history.** Osteoarthritis sometimes affects several members of one family, but this is not always true. Some people may inherit a tendency for cartilage to wear away easily and for bony spurs to develop. If they stress or injure their joints, there is a good chance that they may get osteoarthritis at some time. There is a stronger relationship between family history and Heberden's and Bouchard's nodes. These nodes, which occur as painful lumps at the joints at the ends and in the middles of the fingers, are passed on through genes. There is a sex link, too; women are much more likely to suffer from Heberden's and Bouchard's nodes than men are. Occasionally, though, the nodes result from activity or stress.

My bad heart runs in the family, but I don't know where the osteoarthritis comes from!

—Mariette R.

• **Physical activities.** Sometimes osteoarthritis develops from doing things that put repeated stress on the joints. Joints and their cartilage are like shock absorbers—but only up to a point. They can't take heavy activity over and over forever. This is especially true, of course, in older people, whose bones, muscles, and ligaments are already undergoing the normal changes of aging.

Young people, however, can develop osteoarthritis from activities that are hard on their joints. The great quarterback Joe Namath, for example, has an arthritic condition of the knees from the repeated injuries he suffered playing football. Some ballet dancers get arthritis in their knees, ankles, or toes—especially the large toe. It is caused by the constant unnatural weight distribution and the impact and stress of landing with full weight, and often at high speed, on one foot.

These types of injuries can happen in everyday life as well. You've probably had the experience of going up or down a curb that is deeper or shallower than expected. This results in a jarring of the leg that takes the "surprise." It doesn't happen as often as Joe Namath was tackled, but it is a good example of the kind of abuse that can lead to joint damage in any of us.

## PROGNOSIS

It is hard to say why you have osteoarthritis, why it is mild or severe, and why you have it in certain joints and not in others. It is just as hard to predict your *prognosis*—that is, how your disease will progress over time and respond to your treatment plan. Nobody can say for sure if it will continue as is, gradually get better, or even grow worse. It does respond to treatment, though, but it takes time, patience, and work.

# 3 TREATMENT FOR OSTEOARTHRITIS

Osteoarthritis may come on slowly and undramatically. It often responds to treatment in the same way—slowly and steadily. Thus, while you probably won't notice any sudden giant steps in improvement, much can be done to relieve your discomfort, help you move more freely, and perhaps slow down the disease. Some of the symptoms may go away entirely, especially if the diagnosis is made early and treatment is begun right away. Early treatment can help avoid permanent disability.

## THE OFFICE VISIT

First of all, your doctor will want to make sure that you have osteoarthritis, not rheumatoid or another form of arthritis, because treatment is different for the different diseases. Then, you will have a complete physical examination, including an examination of your joints. If the symptoms are in your hands, for instance, your grip and strength will be checked. If the disease is in your hips or knees, the doctor will see whether it is making you walk in a way that can cause you extra pain. In other words, it is necessary to know exactly how well each of your affected joints works.

X-rays will be taken of the joints that are causing pain. Your doctor may want you to have x-rays of other joints, too, since arthritis might be present elsewhere but not be painful.

Sometimes, extra synovial fluid builds up in affected joints. When this is the case, some of it may be taken out *(aspirated)* with a syringe and needle, similar to the way blood is drawn from veins for a blood test. Examination of this material helps in making the diagnosis, especially in ruling out other kinds of arthritis.

## TREATMENT PLANS

Once a diagnosis has been made, a treatment plan can be drawn up. You and your doctor will work closely to develop a program that

- Eases pain and discomfort.
- Reduces or prevents disability.
- Helps you continue your usual activities as independently as possible.

For most people, these goals are met by a fairly simple treatment plan. Most doctors begin by recommending a combination of medicine plus exercise and rest. Medicine can be very helpful in reducing pain. Aspirin is usually tried first, but other kinds of medicines may also be useful. If you can move without pain, or with less pain, you will be able to keep moving better and longer. Regular exercise helps strengthen the muscles that support the joints. The stronger those muscles are, the more comfortable you will be. Rest is also necessary, to relax the muscles and to keep you from overusing painful joints. With rested muscles, you can exercise better, too. Therefore, a good balance of exercise and rest is needed.

Some people find that heat treatments—even a warm shower—are helpful, especially in loosening up stiff joints. For a few people, surgery may be an option. These and other kinds of therapy are discussed in the next three chapters.

Note that these measures do not *cure* arthritis. Unfortunately, there is no cure. But even if your disease is severe, these forms of treatment are the first step in reducing pain and disability. And, they are usually quite successful.

## MAKING A PLAN FOR YOU

While all doctors and patients have the same treatment goals, different doctors have preferences on where to start. Many begin by prescribing medications; later, when the discomfort has been relieved, a program of rest and exercise will be planned. Other

doctors, however, would rather have patients first try managing their osteoarthritis with rest and exercise. Medicine might be prescribed later, if needed. And, of course, some doctors recommend the full combination of medicine, exercise, and rest.

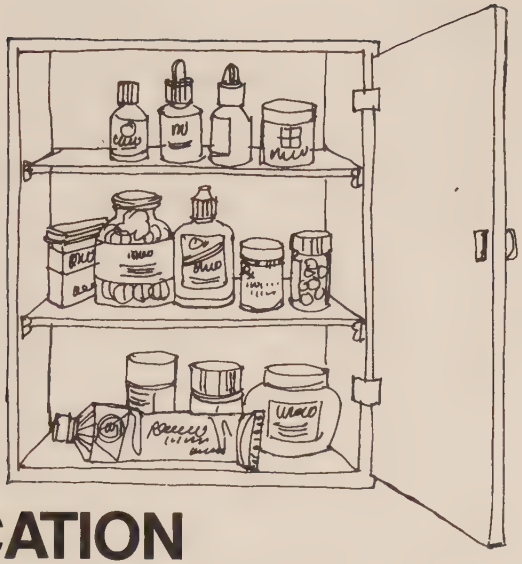
Your particular program will also depend on which and how many of your joints are affected, how far the disease has progressed, and what you want to do and can do. *Your program will be individualized*—that is, tailored specifically for you. It may not be the same as someone else's. You and your doctor will work together at finding the right combination for you, so be sure to say something if you think any part of the plan is not helping. Changes can be made. You may want help from others, too, such as a nurse or physical therapist. Talk about these possibilities with your doctor. Because treatment is a lifelong project, your program should provide as much comfort and freedom from pain as possible.

In summary, treatment today is usually successful at *controlling* osteoarthritis, and it is often able to prevent the disease from becoming worse. After your arthritis is under control, though, long-term management will be up to you. Medications must be taken on a regular schedule. Even if you feel better, you still need to take them. If you stop, the symptoms will return. If you no longer have any pain and stiffness, it does *not* mean that your arthritis is cured. It means that it is under control, and you have the key to keeping it that way.

The same is true for your exercise program. You need to keep on top of it every day so that you don't lose all the hard work you've put in.

Educating yourself about osteoarthritis—one of the goals of this book—is important so that you will know how to protect your joints and use them correctly. In that way, you can keep moving to the best of your ability and help prevent further damage to your joints.

The following chapters describe how you, your doctor, and others will work to relieve your discomfort and help you move freely and independently. By following through with what is prescribed and by understanding how your program can help control your disease, you will truly be an active partner in maintaining your health.



# 4 MEDICATION

Many people with osteoarthritis are helped by medicine. In addition to making you feel better, medicine can also help keep the joints working well. If you can move without pain, you are more likely to move naturally. The medicines used for this disease are sometimes divided into two categories: analgesics, which relieve pain, and antiinflammatory drugs, which reduce inflammation. Actually, though, many of them work in both ways.

Some people don't understand that there is a lot to learn about the medicines they take. Many don't know what questions to ask. The subject of medicines can be especially confusing if you need to take several kinds. Although most people need only one kind for osteoarthritis, some may have other illnesses that require other drugs. In the next several pages, we discuss the types of things you should know about the medicines used for osteoarthritis. Following that, we give general information on taking prescription drugs.

## NONSTEROIDAL ANTIINFLAMMATORY DRUGS

Nonsteroidal antiinflammatory (NSAI) drugs are the cornerstone of drug therapy in patients with osteoarthritis. These medications share three properties: They relieve pain, decrease temperature elevations and reduce inflammation. They are called

nonsteroidal because they do not contain steroids, which may have more serious side effects (discussed below).

Although osteoarthritis may not appear inflammatory, inflammation does occur and clinical observations on patients reveal that they show a marked preference for NSAI's over purely analgesic drugs. Since osteoarthritis may be characterized by pain-free periods, the use of NSAI's may be required only intermittently as needed for relief. In patients with persistent pain, a drug may have to be administered in an ongoing course of therapy.

Most nonsteroidal antiinflammatory drugs may be obtained by prescription only, with aspirin the major exception. In any case, it is important to consult your physician and be advised about the appropriateness of medication, its dosage, the frequency of administration and the possible side effects that may arise in the course of therapy. For example, the doses of aspirin required for treatment of osteoarthritis may need to be fairly large, and frequent dosing may be needed to obtain a satisfactory response.

Nonsteroidal antiinflammatory drugs may be classified structurally into six groups: 1) the salicylates; 2) the propionic acids; 3) the acetic acids; 4) the fenamic acids; 5) the pyrazoles; and 6) the oxicams.

Aspirin is the most widely available drug in the salicylate group. At usual doses, aspirin is mainly a pain reliever, but at high doses, aspirin reduces inflammation. The active ingredient in many over-the-counter "arthritis preparations" and pain relievers is aspirin; the contents are listed on the label. For some people, aspirin can be taken over a long period of time and in large doses without problems. However, it is not the answer for everyone. In many cases, another NSAI may be appropriate.

Stomach irritation is the most troublesome side effect that may result from large doses of aspirin. At times, this can lead to intestinal bleeding. Signs of gastrointestinal irritation or bleeding include nausea, vomiting, stomach pain, and black or bloody stools. Because of this possible problem, people with active ulcers are advised not to take aspirin. Stomach problems are more likely to occur if you drink alcoholic beverages.

To help prevent stomach problems, it is best to take aspirin during meals. That is, take it while you are eating, not just before or just after the meal. Food helps the aspirin go through your digestive system without irritating the lining of the stomach.

One caution: If the aspirin tastes or smells strongly of vinegar, it is a sign the pills have changed in composition. Ask your doctor or nurse or druggist whether you should throw the rest of the pills out.

A few people may be allergic to aspirin or may develop an asthmatic reaction such as wheezing or shortness of breath. Aspirin occasionally prevents blood from clotting well. You might suspect a blood-clotting problem if you bruise easily or bleed around your teeth and gums when you brush them. Large doses of aspirin can also cause a ringing or buzzing in the ears or a temporary decrease in hearing. These symptoms usually disappear fairly quickly when the drug is stopped. Sometimes a lower dosage may be helpful without causing these problems.

In addition to the plain white tablets you are used to seeing, aspirin comes in different forms—such as liquid aspirin, buffered aspirin, or timed-release capsules. Some of these may be easier on the stomach. *Enteric-coated* aspirin is a form in which the tablets are covered with a substance that dissolves slowly, so the stomach doesn't get as irritated. Coated aspirin should generally not be taken with milk, since milk makes the coating dissolve too quickly.

Other kinds of salicylates don't contain aspirin (for example, Arthropan, Disalcid and Dolobid). Some of these require a prescription.

Several newer nonsteroidal antiinflammatory drugs have been developed that are as effective as high doses of aspirin with less stomach irritation. The propionic acid group includes fenoprofen (Nalfon), ibuprofen (Motrin) and naproxen (Naprosyn). Indomethacin (Indocin) is the prototype of the acetic acids. Other acetic acids include sulindac (Clinoril) and toletin (Tolectin). The oxicams only need to be taken once daily. Piroxicam (Feldene) is a representative of this class. There are also other nonsteroidal drugs that are less commonly used but which your doctor may decide are best for you.

These newer drugs were developed in part because of stomach problems with aspirin and its less convenient dosage schedule. Indeed, most of them are more convenient, requiring fewer pills to be taken fewer times a day; some need to be taken only once or twice a day. It should be kept in mind, though, that these drugs have the potential to cause some of the same type of

side effects as aspirin, though not necessarily as frequently. They all require a doctor's prescription.

While these drugs are often referred to as a group, they are not all the same. For example, they may differ in how well they work, how fast they work, and for how long they work. Even more important, though, is the wide variation among individuals in their response to any one of these drugs.

While these medicines will probably help your osteoarthritis, it may take time to find the one that works best for you. In part, it may depend on how severe your disease is and whether you need something to relieve pain or to reduce inflammation, or both.

## OTHER PAIN RELIEVERS

Several other kinds of analgesics are occasionally used in treating osteoarthritis. A commonly used pain reliever is *acetaminophen.* This medicine is sold under various brand names, including Datril, Tempra and Tylenol; it is also available by its *generic,* or common name. Although a prescription is not needed for acetaminophen, it should not be taken regularly without medical supervision. As with any other drug, it can cause side effects when taken in large doses over a long period of time. If it seems to help you, your doctor will advise you on how much to take and how often. If you should feel unusually tired or weak when taking it, let your doctor know.

Other analgesics that are sometimes used must be obtained with a prescription such as those containing codeine.

Although they may relieve the discomfort of osteoarthritis, most analgesics should not be used over a long period of time. In addition to causing side effects, some prescribed pain relievers may be habit forming. Stronger narcotic drugs should be avoided in a long-term illness like osteoarthritis. Your doctor will take all these points into consideration.

## STEROIDS

Steroids are chemical substances consisting mainly of hormones. They are made naturally in the body but can also be made in the laboratory for use as drugs. *Cortisone,* a well-known steroid, has been used since the 1950s for rheumatoid arthritis.

Osteoarthritis should rarely, if ever, be treated with *oral* (taken by mouth) steroids because they can cause serious side effects. However, they can occasionally be helpful when injected directly into an affected joint. For example, a joint may be so painful that someone cannot do the exercises prescribed to help keep it moving naturally. A steroid injection may reduce the pain enough so that an exercise program can be started. By the time the drug wears off, the joint should be in better shape because of the exercise. Treatment can then continue without more steroids.

When injected into a joint, steroids go directly to where they will do the most good without having the serious effects that oral steroids do. When injected, steroids relieve inflammation, and pain disappears rapidly. Relief usually doesn't last long, however—generally only a few days or a few months at most.

Frequent steroid injections can also *cause* joint damage. Infections can occur if the injection is not done carefully. Therefore, most doctors prefer to use other forms of treatment. So, while injections are sometimes helpful, it is probably not advisable to have them more than once or twice a year in any given joint. This treatment is not used to keep people free of pain on a regular basis.

## USING MEDICATIONS

Whenever a drug is prescribed for you, be sure that you know:

- Its name.
- Why you are taking it—that is, what it does.
- How much of it you should take.
- When and how often you should take it.
- How to take it—for example, with solid food or milk.
- Whether it may cause side effects and what you should do if they occur.
- Whether it may interfere with any other drugs that you may be taking.
- Whether you must be careful about drinking alcohol or need to avoid certain activities such as driving.

If you are seeing more than one doctor, make sure that all of them know exactly what drugs you are taking. This includes your dentist, too. Some drugs should not be taken in combination with certain others. Thus, it is extremely important that your doctor

know all the other medicines that you may be taking, even ones that you can buy without a prescription, like cold remedies. It may be helpful to make a list with the names of your drugs and the reasons you are taking them. You may want to take the bottles with you when you go to the doctor's.

### Following your regimen: when and how much

It's important to take a drug at the *times* and in the *amount* specified. The dosage prescribed is the amount that your doctor thinks *you* need; other patients with the same illness may need more or less than you do.

Some drugs don't work well unless the full amount is taken. In other cases, it can be dangerous to take more than the amount prescribed. Problems can also develop if you stop taking certain drugs suddenly, so never stop your medication unless your doctor knows it.

Some drugs work better if they are taken with food; others work best in an empty stomach. Be sure that you know *when* you should take your medicine and *with what*. If the directions aren't fully clear, ask. For instance, what if your prescription says "take before meals" but you usually skip breakfast? Also find out whether there are times you should *not* take a dose.

Ask your doctor what you should do if you forget a pill or if you take too many. Everybody forgets one (or several) once in a while. If this should happen or if you stop taking them for any reason, don't be embarrassed to admit it. Your doctor needs this information to tell whether the drug is working for you.

If you have trouble remembering to take your medicine at the prescribed times—or have many drugs, all to be taken at different times—have someone help you figure out a convenient schedule.

### Side effects

Whenever you are given a new drug, ask your doctor whether it will make you feel any different. Find out whether any side effects will interfere with your normal activities. For example, if a drug is likely to make you dizzy or sleepy, perhaps you shouldn't drive a car or operate heavy machinery after taking it. Or, you may be able to take it after the activity.

When starting a new drug, you will need patience for a while. Many side effects go away once your body adjusts to the

new medicine. In addition, some of them (for example, a headache) may result from another cause and may not be related to the drug.

For certain conditions, including osteoarthritis, several kinds of drugs are available, so if you continue to have side effects from one, another may be tried. A lower dosage may help. Sometimes other medications can be prescribed to offset side effects. So do tell your doctor if they last or make you uncomfortable.

Doctors understand that side effects can be a real problem, and your doctor wants to know how your drug makes you feel. Some people are embarrassed to tell their doctors about side effects. Some, in an effort to please, want to give a good report or don't want to fuss. But your doctor needs this information, as well as anything else that gives you problems in taking your medicine.

### Some safety tips for all drugs

Finally, because the wrong medicine in the wrong person can be extremely dangerous, a few rules should be followed for safety's sake:

- Check the *expiration date* on the label. Drugs that are older than that date may have changed with age and should be thrown out. Ask your doctor or druggist whether you should also toss out drugs that you no longer need.
- When you throw away drugs, flush them down the toilet. Don't throw them into a wastebasket where someone else may find them.
- Keep drugs out of the reach of children.
- If you have trouble opening the child-proof caps required by law and if there are no children in the house, ask the druggist to use different caps. This can be a help if the osteoarthritis is in your hands.
- Never take someone else's medicine, even if your illnesses are the same. Likewise, never give someone else yours.
- Keep the labels on the bottles so that you always know what is in them.
- If you think you took too many pills or if a child got into them, call your doctor, druggist, or poison control center immediately. Keep their phone numbers by the telephone.

# 5 EXERCISE AND REST

Exercise and rest are both important aspects in treating osteoarthritis. Used together, and in the right amount, they can help keep your joints moving smoothly. Too much or too little of either can make the disease worse.

## EXERCISE AND ACTIVITIES OF DAILY LIVING

Exercise serves two main purposes. First, it keeps joints moving and prevents them from "freezing" into one position. Second, it strengthens the muscles around the joints, giving the joints support and stability, so that pain is reduced and movements are easier. If you can move comfortably and naturally, you will be able to get around and keep up with your usual daily chores and activities.

> I never fail to do my exercises. I'm afraid that if I don't keep everything moving, I won't be able to move at all anymore. I might stiffen up and get deformed.
>
> —Mariette R.

> Many people who have osteoarthritis seem to think that if it aches, you shouldn't move it. When I hear a sob story, I say, "Don't just sit there—get moving!"
>
> —Adele S.

The amount and kinds of exercise that you will need will depend on a number of factors:

• What joints are affected? Say you have osteoarthritis in your right hip and left shoulder. You may want to get your shoulder in shape first so that you can hold a cane in the left hand to help you walk. Your exercise program will eventually involve all your joints.

> If you concentrate on the pain in one joint, you may not realize that some of your other joints are gradually becoming hard to move. Physical therapy can help you keep them all moving.
>
> —Nurse K.

• How fast is your condition progressing? If it seems to be getting worse rapidly, you may be advised to put in extra exercise time at a slower pace to help you stay ahead of the disease.

• Does the medicine you take relieve your pain? If you can help your arthritis with some kind of medicine, it will be easier to exercise and do it often. The more pain that you have, however, the more slowly you'll want to work into an exercise program.

• What are your everyday activities? Regardless of your lifestyle, your exercise program will aim to keep you as active as possible. Thus, it will be geared to you, your life, and your needs. There are some things that you have to do every day. There are other activities that you want to do. If you can move naturally, you will be able to do all those things in the ways you like best.

> The best long-term treatment for me has been my exercise class. Lately, I've been doing aerobic dancing. I now have enough strength in my legs to be able to stoop, and I can get out of a chair without using my arms.
>
> —Adele S.

### Different Types of Exercises

Some basic kinds of exercises are especially useful for people with osteoarthritis. They will take you through the fullest possible *range of motion* of your affected joints. In other words, you will move the joints back and forth, up and down, from side to side, in every natural direction, as far as they can go. The exercises will keep your joints in good working order, which will, of course, help you function.

*Passive* exercises involve the movement of your limbs by someone else while your body is passive, or not moving. These exercises are often used for inflamed joints or when there is a sudden

flare-up or worsening of the disease. When a joint is inflamed, it is important to put as little stress on it as possible. Passive exercises are also good if you need to increase your range of motion.

In *active assisted* exercises, someone else holds your limb or wrist, for instance, and helps while you move it through its motions.

In *active* exercises, you do the work—you move your limbs. You are in active control of your own movements with your muscles.

### Therapists

To get you started on a program, your doctor may refer you to a *physical therapist* or an *occupational therapist*. Physical therapists are trained to help with the actual exercises. Occupational therapists help people learn to do their daily activities more comfortably.

Most people with osteoarthritis require some help from a physical therapist. It is important to learn the right way to do the right exercises for the affected joints. The therapist will teach you the best ones for whichever joints need the "work." The therapist will start by seeing you regularly, making changes in the program as you improve. With each step of improvement, you will begin exercising the joint a little harder. This way, you will keep the progress you have gained and work toward more.

Later, you will be taught several exercises to do at home. Eventually, you should be able to do them on a regular schedule. If you need help at home, a friend or family member will be taught how to help you with the assisted exercises. Sometimes equipment such as shoulder pulleys may be recommended to give the necessary assistance.

You and your therapist will probably plan some goals so that you will have an idea of how much progress to expect. It may be slow at first. Therefore, if you know about how long it should take to reach a goal, you will be encouraged when you finally find yourself able to walk a little farther or hold a book with your painful hand.

Keeping up with the exercises will also help you maintain good posture. Most of us spend a great deal of time sitting on our spines, or sprawled like rag dolls, or twisted into some pretty strange positions in a desire to be comfortable. We also stand and even lie down with poor posture. All of us should avoid any position

that twists the body out of natural alignment or that puts too much weight on one side of the body or on one joint. Good posture is especially important for people with osteoarthritis.

> Keeping my posture straight has helped the arthritis in my neck and back. And regular exercise helps keep my posture straight. It's a helpful circle.
>
> —Lee F.

Many people also benefit from the advice of an occupational therapist, who can give tips on almost everything from getting dressed to getting around town. This includes helping you learn to use your body more comfortably in carrying out your everyday tasks. If, for example, you have trouble standing after sitting down for a long time or getting up in the morning, the therapist can show you how to get out of a chair or bed by using the joints and muscles that aren't painful.

Maybe you need help washing or bathing, putting on socks and shoes, or using the toilet. Perhaps you can try different ways of standing at a sink so that you won't strain your back bending over to wash. If it's hard to reach your feet to put on your shoes and socks, you might learn how to sit differently to make it easier. The therapist can teach you how to support yourself when sitting on or getting up from the toilet.

> Gardening will always be a problem. Getting up off the ground is hard. My therapist suggested that I put a stool or a chair beside me to help boost myself up.
>
> —Adele S.

By knowing which joints are affected and how much improvement to expect, the therapist can help you learn to use your body correctly. And while you will be shown the best way to move your joints, you will also be shown how to protect your joints so that you don't stress them. Eventually, you should be able to carry out your normal tasks at home and work in comfort.

If your doctor hasn't discussed physical or occupational therapy with you, and if you believe that it would be helpful, ask to be referred to a therapist. Your doctor will be glad that you take so much interest in managing your osteoarthritis.

### On Your Own

At the back of the book, in an appendix, we show some exercises that have been found helpful in maintaining range of

motion. These exercises do not strengthen muscles, though. If strengthening is what you need, your doctor or therapist will teach you the best ones. And even for range of motion, the ones in the appendix aren't all there are. You should continue with your regular ones, even if they are not shown there.

Once you know how to perform your exercises and activities of daily living and know what your goals are, keeping up with the program is up to you. You may need to run through the exercises two or three times a day. You will probably start by repeating the motions a few times, gradually increasing the number of times you do each one. Boring as it may well be, you will gradually improve and be able to do more things with less pain. You will soon be rewarded by your own hard work. On the other hand, not exercising enough will cause your already stiff joints to stiffen even more and perhaps become too painful to move at all. If this happens, they can become fixed into one position.

Your overall health will also benefit when you are settled into an exercise program. Not only will you keep the disease from progressing, but by improving your physical tone, general good health is easier to maintain.

> Exercise classes at health spas and adult education centers have made exercising fun. These sessions have become a regular part of my social life.
>
> —Lee F.

It is important, though, not to do too much. That can be as bad for you as too little. Some people want to overuse a joint once it begins to feel better. This can damage cartilage that is already thin or worn and can make the disease worse. If you have pain or discomfort in your joints for as long as an hour or so after you have finished your routine, you are probably working too hard and should ease up. Caution and good sense are the watchwords.

> I'm so pleased to be physically functioning at my age that I probably overplay it a bit.
>
> —Adele S.

If you are active in a sport, talk about it with your doctor or physical therapist. If it doesn't aggravate your osteoarthritis, you should be able to continue it—unless it is a *contact* sport (one that often involves banging into other players). Some of these sports, such as football and basketball, may be hard on your joints. You may want to think about trying a different one.

Even if you are physically active in a sport, you should still do your range-of-motion exercises regularly. The actions in the sport may be all right for your joints, but they may *not* take you through the full range. The prescribed exercises will.

### REST

Regular rest is as important as regular exercise. For one thing, it helps relax the muscles. By resting them after a workout and allowing them to "recover," the muscles can give your joints more support and will be all the more fit for the next round of exercise.

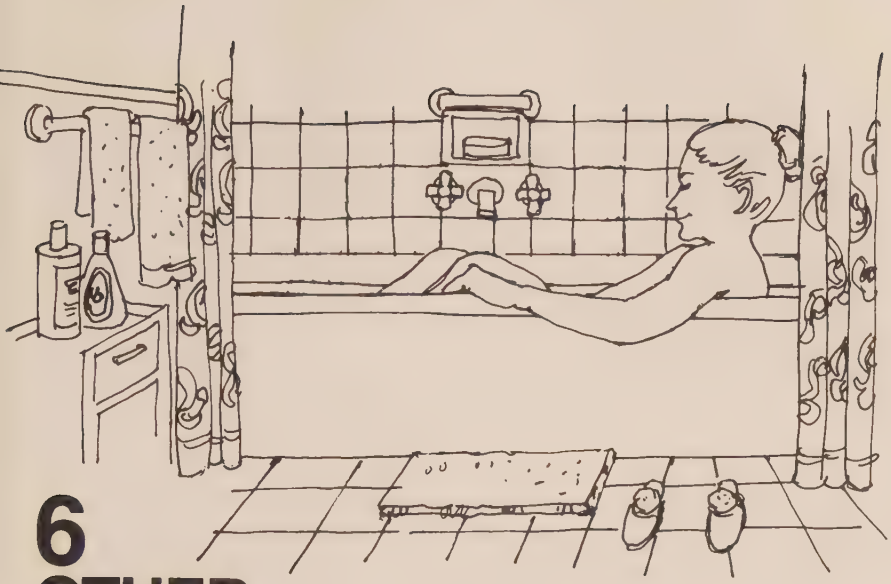
> It is just as important to learn how to relax muscles and joints as it is to exercise them.
>
> —Adele S.

Resting means being as comfortable as possible. You do not necessarily have to lie down. Your joints should be relaxed and in their normal position. Some people may need to wear lightweight splints on certain joints while resting to help keep them in the correct, natural position. Splints also help protect the surrounding muscles from going into a spasm.

Just as too much exercise is not good, so is too much rest. Resting too much can make it hard to move. The harder it is to move, the less you are going to want to exercise. The less you exercise, the stiffer the joints will become. And so on.

> It's uncomfortable to sit for a long time, so I walk a great deal; plus, it's good exercise.
>
> —James T.

Your physical and occupational therapists, together with your doctor, will help you figure out the right combination of exercise and rest. When you stick to your program faithfully, you will find that most movements—from buttoning your shirt to going up and down stairs—will become easier.



# 6 OTHER KINDS OF THERAPY

In addition to medication plus rest and exercise, other measures may provide relief from the pain of osteoarthritis. Some of them can be done very easily at home without any special equipment, while others require the supervision of a doctor or therapist. For a small group of patients, surgery may be the answer.

## HEAT AND COLD

Applying heat or cold to aching joints may soothe pain for a short time. Both can be done comfortably at home. Forms of wet heat (such as baths, showers, and hot packs) give the most relief and are a little more helpful than dry heat (such as heating pads and hot water bottles) or cold.

A hot bath or shower is a good way to relax and loosen joints. Soaking in a tub of hot water also lets you get heat to several joints at once or to the entire spinal column. Both baths and showers can help ease the stiffness of a night in bed or relax the muscles before exercising. If you have trouble getting in or out of the tub, safety devices are available to help you (see Chapter 8).

> A hot bath at night and a hot shower first thing in the morning have become a way of life for me.
>
> —Olive W.

A bath offers the added feature of making your body buoyant, or light and floating. This can be restful for your joints. Some people find it easier to do their range-of-motion exercises in the water for that reason. In fact, many physical therapy departments in hospitals or clinics have whirlpool baths or special tubs in which patients can do their exercises. In a whirlpool bath, the warm bubbling water provides a gentle massage as well; it is the heat, however, that helps the joints.

> The whirlpool tub at the health spa is a wonderful place to do my exercises. Instructors are there to help me, too.
>
> —Lee F.

Another source of wet heat comes from hot packs. They can be made at home by soaking towels in hot water and placing them on painful joints. As the packs cool, replace them with more hot towels. Most drugstores sell hot packs, which use hot water. These have the advantage of staying hot longer, so they don't need to be changed so often.

Heating pads and hot water bottles may also be helpful, although they are not quite as effective as wet heat. Take care not to lie directly on a heating pad or hot water bottle, as it can burn the skin. For instance, lie on your stomach and put the pad on your back, or lie on your left side and put it on your right hip. Heating pads need to be used with caution—or not at all—by people with metal joint replacements or implants. Metal conducts heat and can cause burns inside a joint. Your therapist, nurse, or doctor can advise you on this.

Some people are able to ease the pain for a short time by rubbing a sore joint with a liniment or ointment that contains *oil of wintergreen,* a substance that naturally warms the skin. The massaging action is soothing, too. Some of these products, however, can burn if too much is used, so put on just a little at a time. Take care not to use them near an open sore. Look for warnings on the tube or bottle, and follow the directions carefully.

Although heat is more widely used, many people benefit from the numbing effect of cold—an ice bag, a cold pack, or even a cold soak. Cold packs are made in the same way as hot ones, using cold water. In using one of these methods, don't let the first treatment be so cold that it provides a shock.

> After I soak my hands in cold water, I can move my fingers with less pain and keep them from stiffening. They feel so hot all the time that it feels good to cool them.
>
> —Mariette R.

Another method that is sometimes helpful is a *contrast bath.* This involves going from a hot bath to a cold bath. Obviously, this is only practical for treating the hands or feet and ankles, using bowls or pans of water.

## ULTRASOUND AND ELECTRICAL NERVE STIMULATION

Two other soothing forms of therapy need to be prescribed by a doctor. The first one, *ultrasound,* is done in a physical therapy clinic or hospital. Ultrasound therapy is a deep heat caused by a sound wave that penetrates into the muscles. The therapist rubs a jelly-like substance on the area to be treated. Then the head of the sound-wave instrument, which looks something like a microphone, is rubbed over the area. The jelly helps conduct the sound wave deep into the muscles, producing heat. The heat warms the muscles, increases blood flow, and helps relieve pain. The procedure usually takes about 10 minutes.

The other method is one you can do yourself after you have been taught how by a therapist or a doctor. Called *transcutaneous electrical nerve stimulation,* or TENS for short, it stimulates the nerves near the surface of the skin. The unit consists of a small box, about two inches square, with a battery and two to four electrodes. The box can be hooked onto a belt or carried in a pocket. Small wires from the box are attached to pads, which are taped on the skin. When turned on, the electric current stimulates the nerves and helps relieve pain.

## ACUPUNCTURE

Acupuncture is an ancient Chinese treatment that is said to relieve pain. It is done by inserting very thin sterile needles under the skin at certain places on the body. The needles are then twirled very fast by hand or made to vibrate electrically.

It is not really known whether acupuncture actually helps osteoarthritis. More research needs to be done to study its use as a possible form of treatment.

## SURGERY

Surgery used to be the last resort in treating osteoarthritis. For one thing, it didn't often help. But also, any major surgery is a shock to the body. Doctors were understandably reluctant to have patients undergo the risk of an operation when the results were doubtful.

The basic therapy program for osteoarthritis still consists of medicine, exercise, and rest. For the majority of people, these methods are all that is necessary. However, the goal of treatment is to relieve pain and make it easier to move. So, for a small percentage of people suffering from severe osteoarthritis, surgery may be a valuable option. Major advances have been made in surgical techniques for arthritis in recent years. Many people who have had surgery have been helped a great deal.

### Kinds of Surgery

Some joints can be totally replaced. *Joint replacement* is the most common operation for osteoarthritis. It is most successful when it is done in the hip, but knee replacements are being done more often and with good results.

In the hip operation, a metal ball in a plastic socket replaces the original joint. For the knee, either the upper or the lower part of the joint, or both, may be replaced. The new upper portion is usually made of metal, and the lower one is plastic. If your knee ligaments are in good shape, you should be able to move your "new" knee quite well on your own. If the ligaments are seriously damaged, a hinged unit may be inserted to let you move more easily.

Occasionally, foot or toe joints can be replaced, although these techniques are still new and not done very often.

Joints can also be reconstructed or remade in some instances. New bone cements have been developed. Sometimes healthy bone from other parts of the body can replace damaged bone.

Pain and stiffness may be relieved by *debridement,* a method that removes the bony spurs and diseased cartilage from the joints. This procedure may be quite successful and provide pain relief and easier motion for a period of time. Relief is not permanent, however.

Some people have joints that are not aligned correctly; that is, parts of the joint don't fit together right. Through a procedure called *osteotomy,* the bone can be cut and wedged back together. Sometimes, as in the case of bowed legs or knock-knees, a wedge can be inserted to straighten out the joint and correct the "bend."

### Is Surgery for You?

The decision as to whether surgery is right for you will be based on several things. An important factor is where your arthritis is; some joints can't be operated on very easily. Surgery will also depend on how much pain and disability you have, as well as how much motion you need to regain. And, of course, your age and overall physical condition will be considered. For example, if you have another illness that might be made worse if you undergo an operation, surgery would probably not be recommended.

If it is recommended, discuss the operation fully with your doctor. All surgery entails some risks. Ask about things like the risks and benefits for *you,* where the operation will be done, how much it will cost, and whether the costs are covered by your insurance.

You should also know ahead of time what the recovery period will be like. It may be very uncomfortable and take a long time. Some people might prefer to let the disease run its natural course. Also, the procedures are not always successful. You will want to know beforehand what to expect if the operation doesn't turn out the way that you hope it will.

Ideally, your doctor will know you and your condition well enough to discuss all these details freely. And with the guidelines given here, you should have an idea of the kinds of questions it is important to ask. Above all, be sure that you understand *why* the surgery has been recommended. If you are at all uncertain, seek a second opinion.* Most insurance plans will pay for the visit to that doctor, too.

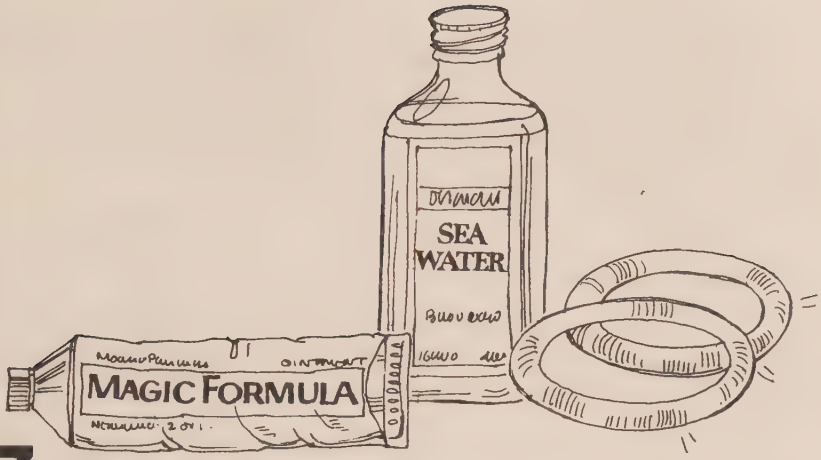
Following an operation, good results will depend a lot on you. Within a couple of days, you will begin exercising the joint.

*A short, helpful pamphlet called *Thinking of Having Surgery? Think about Getting a Second Opinion* is offered free, from Surgery, DHEW, Washington, DC 20201. If you need help finding someone in your area for a second opinion, call the toll-free number (800) 638-6833.

A physical therapist will plan a program to give you the greatest amount of movement in the shortest time—provided that you stick with it. A nurse or an occupational therapist will help you if other adjustments are needed for your everyday life. Success will depend on how faithfully you work. As with all exercises for arthritis, though, be careful not to overdo it. Be sure to give your joint enough rest so that it will benefit from the exercise.

> The best thing that ever happened to me was getting my knee joint replaced. It was incredibly painful at first, and the therapy was wicked. But I did everything I was supposed to do, and it was worth it.
>
> —Olive W.

You should understand, however, that surgery does not *cure* arthritis. It generally relieves the pain in the particular joint, and the relief usually lasts, provided that you continue with your full program of exercise, rest, and medication. But the disease is still present in your body. It may affect you elsewhere or may even come back in the same joint.




# 7
# QUACKERY, MYTHS, AND UNPROVED DRUGS

Even before history was written, millions of people suffered from osteoarthritis, a disease for which there is no cure. It is not surprising, therefore, that myths and superstitions have grown up around the disease, with notions of how to prevent or cure its pain and disability. There are also individuals who take advantage of people with handicaps by promoting "discoveries," "cures," or "miracle treatments."

The offer of false hope in exchange for money is one of the saddest kinds of lies. Yet it is done throughout the world, over and over. Everything from ointments to mineral baths to herbs has been promised as a cure for osteoarthritis.

It is only human to want to get rid of pain and physical limitations. It is understandable for people to want to believe in a marvelous new substance that at long last will be *the* cure. This is especially true in cases where available medicines and therapy have provided little relief.

For these reasons and because of a general lack of understanding about the disease itself, people have been taken in by false stories about causes and cures. Osteoarthritis is not the result of a

"dropped stomach" or "bad blood." Nor will drinking large amounts of gin with garlic prevent or cure it.

> If I had understood more about osteoarthritis and had it explained to me in simple terms, I would have avoided quack treatments. At one point, I fantasized about a cure made from bee venom.
>
> —James T.

### MYTHS AND SUPERSTITIONS

One of the most widespread myths about arthritis concerns wearing copper bracelets. This is based on a false claim that the copper the body absorbs will cure osteoarthritis. This is not true.

Other myths suggest that osteoarthritis can be cured by carrying a horse chestnut on the body or by sitting in an abandoned mine to soak up uranium radiation. While carrying a chestnut around is neither expensive nor harmful, traveling to an old uranium mine half-way around the world is both expensive and not at all helpful.

More superstitions include rubbing a mixture of special herbs on a painful joint or wearing a bracelet made of elephant hair.

NOT ONE OF THESE WILL CURE, OR EVEN HELP, OSTEOARTHRITIS.

### UNPROVED DRUGS

Some preparations that promise a cure contain dangerous drugs or combinations of drugs that can cause very serious side effects. For example, one "special pill" was advertised as an arthritis cure. Its principal ingredient was not some new drug, but the steroid cortisone, and some patients became seriously ill from the drug's side effects.

Other treatments involve drugs that have not been tested sufficiently or have not been approved by the Food and Drug Administration. Some drugs that are meant for other illnesses have been prescribed for osteoarthritis when they have no effect at all against the disease. For instance, flu vaccine has been used in this way.

In other instances, drugs that have not been approved in this country are available in other countries. Some people with osteoarthritis will travel great distances in the hope of finding relief.

Although some of these drugs may turn out to be helpful and may eventually be approved for use here, they must be studied further to make sure that they are safe. If you are thinking about taking a trip to try one of these drugs, be sure to talk it over with your doctor first.

One drug in particular that has received a lot of publicity in newspapers and television is dimethyl sulfoxide, or DMSO. It is a chemical byproduct of the paper industry and has been used commercially as a cleaning solvent and an antifreeze agent. While claims have been made that it relieves the inflammation and pain of osteoarthritis, the Food and Drug Administration has *not* approved the drug for use in treating this disease. To date, no studies of DMSO have been done in people who have had osteoarthritis for a long time, so its long-term effects are not known. Thus, while news stories and some athletes may claim that DMSO allows the joints to perform without pain, there is a chance that it may also be damaging tissues or organs somewhere else in the body.

Further cautions about DMSO are necessary. It has been approved for medical use in one particular bladder condition, and it is also used, in stronger forms, for veterinary and commercial purposes. Therefore, it is "available." However, the stronger forms are potentially dangerous.

In the long run, a role for DMSO may be found in treating osteoarthritis. But it is necessary to wait for all the studies to be done, so that its dangers can be eliminated and its side effects known. Only then can doctors learn what dosages are best and how to weigh the possible side effects against the possible benefits.

## OTHER FALSE HOPES

THERE IS NO KNOWN DIET THAT CAN CAUSE, PREVENT, OR CURE OSTEOARTHRITIS. Recently, several so-called remedies have appeared, based on the new national interest in nutrition and health. Special diets have been promoted to cure or ease the pain of osteoarthritis. There is no known connection between food and the disease. A proper diet, of course, is important for overall physical fitness. But the only thing you can do to help your osteoarthritis through food is to lose weight if you are too heavy. Excess weight puts stress on the joints, particularly the weight-bearing joints, and that can cause pain. Losing weight will reduce the stress and thus some of the discomfort.

Other products offer false hopes by promoting quick and easy cures or some secret formula. It is sad to say, but even in this day of sophisticated medicine, empty promises of miracle cures attract a great many people suffering from osteoarthritis. One reason for this appeal is related to the fact that the disease often comes and goes on its own. A period in which it goes away is called *spontaneous remission.* When someone tries some kind of quackery and spontaneous remission occurs, it is easy to believe that the special product "cured" the disease. Actually, what it means is that the disease went away by itself.

## THE COSTS OF QUACKERY

Understandably, the amount of money that people are willing to spend to relieve pain and suffering is enormous. Hope may lead them to the ends of the earth—only to come home empty-handed. A copper bracelet, for instance, may not cost much. But by searching for a cure and buying one gimmick after another or medicine after medicine, people often end up without receiving the treatment that *can* make it easier to live with osteoarthritis. Many of these gimmicks tend to make you think that you don't need a doctor, that you can take care of your arthritis by yourself. Indeed you can—for the first few painful episodes. But as we have said, only a doctor can diagnose osteoarthritis and organize a program to prevent disability.

Thus, the real cost is in terms of health. When people chase after these false hopes, they are not getting proper medical treatment. All the time that this is postponed, the osteoarthritis may continue to progress and may reach a point where permanent disability can no longer be prevented.

Once you are under a doctor's care, it may take a while before the right medicine and other therapy are found for you. Although this slow progress may be discouraging, something *positive* can be done, and the disease can be treated scientifically, based on experience, not on false claims.*

*The Arthritis Foundation is glad to answer questions about so-called magic treatments. The organization will also refer people to doctors or clinics for proper medical care. If a local chapter is not listed in your telephone book, write to the Arthritis Foundation, National Office, 1314 Spring Street NW, Atlanta, GA 30309.

# 8 LIVING WITH OSTEOARTHRITIS

You have osteoarthritis. But you're not alone. Perhaps as many as one out of every six Americans has it. After looking at cave drawings, experts believe that the stooped shoulders of the Neanderthals were caused by this disease. Alexander the Great and Ben Franklin had it, too, and chances are that you know other people who have some problem with osteoarthritis.

Many of these people made real achievements in spite of their disease. Who knows—maybe it was pain on walking that led a cave dweller to invent the wheel. At least you know there's no need to let it stop you.

It may slow you down once in a while. You may need to change the way you do certain things. But by working hard, you should be able to keep up with what's important to you. With drugs, rest, and exercise, the majority of patients with osteoarthritis are able to control their symptoms and continue with most of or all their daily activities. Most are able to manage full and productive lives in spite of discomfort.

We *can* make patients very comfortable.
—Dr. N.

## ADJUSTING TO YOUR ILLNESS

The early stage of your treatment may be the hardest, as you get used to your program and as you begin to make the necessary changes. If the disease is newly diagnosed, you may be going through a number of adjustments. It is difficult to have what has been called "an old person's disease" in a society that emphasizes youth.

Depression is a common phase of early adjustment, as are anger and frustration. You may find it hard to think about the future and your new limitations. Your view of yourself may change. You may feel terribly alone and isolated. You may be worried about medical bills or your ability to work and get around independently. Maybe you never gave much thought before to what it means to have a handicap. Now that you find it hard to get around or do certain things, you may be impatient, and even angry, with your own disability.

> I found it terribly depressing to have four small children at home and lots of aches and pains. It has taken me years to learn the best ways to deal with pain. It is a little better, now that I have learned to live with a certain amount of it.
>
> —Adele S.

All these feelings and worries are understandable. But they usually pass as you gradually begin to accept your illness and find success in a treatment program. The feelings become a problem only if they continue for too long or cause you to make others unhappy, such as by taking your anger out on your family.

You can't deny that your disease exists, but you *can* encourage yourself to keep as active as possible. Keep moving! The more you do, the sooner you'll adjust.

> In general, I believe that you can help your arthritis best by keeping a happy frame of mind and concentrating on the people you care about.
>
> —Mariette R.

## FAMILY LIFE AND OSTEOARTHRITIS

At the same time, members of your family may be going through adjustments. First of all, they are probably worried about you. But they may also be concerned about things like money and bills and other changes in family life. Some of these concerns may be especially troublesome for young families. Family interactions

may change. Spouses and children sometimes have to take on new responsibilities; this may not be easy.

Living with pain is hard on all of you. Day after day, it can wear you down. When your family and friends see that you hurt, it can get them down, too. That's only natural.

> I sometimes get very annoyed when I can't do certain things. I'm sure it affects others in the family.
>
> —James T.

One problem is that your pain can make your family want to overprotect you. In trying to make you more comfortable, family members may not let you do things that you still can and should do. This is especially common early after the diagnosis, before drug therapy and the exercise and rest program have had a chance to work.

Here is where education is very helpful. Have your family members talk with your nurse or visit your doctor with you. Let them learn about osteoarthritis and find out what to expect in your case, including what you can do and cannot do. Make sure they are aware that you will be taking a lot of medicine and will have a regular schedule of exercise and rest. By understanding how you must treat your osteoarthritis, your family will be more supportive.

While some patients feel overprotected by their families, others get used to being pampered. This, too, should be discouraged, as it can lead to too much dependence and boredom. Don't be afraid to do what you know you can do.

## LIFESTYLE CHANGES—MAKING CHOICES

You should continue to do as much as you can, as comfortably as possible. Keeping up with your normal activities will help take your mind off your osteoarthritis. To some extent, you can let your *pain threshold*—that is, the point at which you begin to feel discomfort—be your guide. When you begin to hurt, slow down.

As your treatment program starts to work and you become more active, it is a good idea to test your threshold level. If you can do just a little bit more, do it. And, don't give up something without first trying to think of a better way to do it. For example, don't let early morning stiffness make you quit a favorite, or necessary, activity. Set the alarm earlier or start the day with a hot shower to loosen you up.

In reality, though, you may need to make some changes. Making changes is not easy. The best way is to decide first what activities are most important to you. You will want to continue with these, as well as with activities that you have to do. You will want to put your energies into doing these things most comfortably. After that, there may be tasks or chores that can be dropped altogether.

> I was a very good cook, but now I can only help with the chopping.
>
> —Mariette R.

Deciding on the order of importance of things and learning how to do them without discomfort may seem overwhelming at first. Nurses and family members can be a big help here. By having people help you make choices, they, in turn, can help you stay as active as possible.

For many people, the family is the most important part of their lives. If this is the case for you, you will want to give your family members some of your best time. Plan your day so that you are rested and comfortable when they are home. For example, do your exercises in the morning and early afternoon, followed by a good rest just before they arrive. Or take a rest as soon as you get home from work, so that the evening meal can be a special family time.

Once you know what you *have* to do and have learned how to continue with what you *want* to do, you can look at other tasks and decide where to make changes. For example, if you don't enjoy cooking, think of ways to make it easier. Try prepared or frozen foods, some of which have a complete meal in one package. Plan one-dish meals, or cook everything in the oven rather than using both the oven and the stove. This will save not only the energy you use for cooking, but also your energy.

Get others to help you with things that are hard for you. Have your landlord or friend fix a leaking pipe or a banging shutter. Family members can take over some of your usual chores, from folding laundry to painting woodwork.

> I've always done the marketing. My hands hurt so much, though, that my daughters have begun carrying the shopping bags.
>
> —James T.

If you tire easily or have too much discomfort, space your activities with periods of rest. This is good sense, so don't be embarrassed to stop for a while. Meanwhile, as much as possible, plan your day's or week's work ahead of time, alternating harder tasks with easier ones. Don't try to do everything at once or in a hurry.

While many of these suggestions may sound simple or obvious, small adjustments in your ordinary, everyday tasks can often do a lot to reduce the discomfort of osteoarthritis. For example, if you work around the house, consider these ideas:

- Skip chores that aren't really necessary, such as drying dishes or cleaning closets; or do them a little bit at a time.
- Clean rooms one by one and have someone else move the furniture.
- Make up one side of the bed fully before going to the other side.
- Sit down when doing things like ironing clothes or cutting vegetables. Organize these projects ahead of time so that everything you'll need is within reach.
- Have someone rearrange your cupboards so that the items you use most often are easy to reach. Pullout drawers may be easier than shelves.
- Use an office chair on rollers to help you move around for cooking and household chores.
- Use a wheeled cart or small wagon for hauling groceries or heavy objects around the house or in the yard.

Whenever a chore or a task brings on discomfort, think of ways to make it easier. The above list offers just a few examples for some people's activities. Your list may be quite different, depending on what *you* do.

Unfortunately, there may be some things that you want to do but won't be able to. Although it may be discouraging or frustrating to give up something you enjoy, try to find new interests or hobbies. If you used to take a daily walk and can no longer do so, perhaps you could join a swim program. If you can no longer bowl with the team, maybe you could start a poker club or a reading group at your house. Hobbies such as coin collecting can be relaxing. Your local library might have some more ideas.

The point is to keep as active as you can. For some people, the psychological stress of large changes may make them stop

moving altogether. Staying active, even with some restrictions, is a good way to keep a healthy frame of mind.

## YOU AND YOUR DOCTOR

A major factor in your living well with your disease is your doctor. For most people with osteoarthritis, the doctor does not have to be a specialist in the disease. In fact, soon you may be the specialist. In some cases, of course, the doctor may recommend a specialist. In other cases, patients may want to be seen by someone who specializes in treating osteoarthritis. To be sure about the diagnosis and treatment plan, some people want a second opinion. Doctors understand this and can generally recommend someone. Local hospitals and medical associations can provide names, too.

In any event, the best doctor for you is one who is concerned about you, understands you and your needs, and spends time with you—someone you can talk to freely and honestly. Ideally, you and your doctor should like and be comfortable with each other.

> My doctor's attitude was, "You'll learn to live with this." This made me reluctant to ask questions. Perhaps if I had been really crippled, I would have been given more attention.
>
> —James T.

A good relationship between you and your doctor can develop best when you understand the goals of treatment and when you both agree on the course of treatment. Be sure that your doctor explains things clearly, in terms that you understand. Don't hesitate to ask questions, no matter how minor or silly you think they are. If a question seems important, then it really is important. Some people concentrate so hard during an office visit that they forget to ask questions. If this happens, try writing them down ahead of time. Other people are afraid that the doctor is too busy to answer questions; they don't want to waste the doctor's time. But you deserve whatever time you need so that you can fully understand what *you* want to know. You may have to take an active role in working well with your doctor.

> The doctor made the relationship between muscular pains and arthritis clear to me in a way that has been useful ever since.
>
> —Adele S.

Mutual trust is another key element. If you trust your doctor and believe in the advice, you will find it easier to live with your

illness. At the same time, the doctor needs to believe in you. Sometimes it is hard to admit things—such as forgetting your medicine or skipping an exercise session—but every bit of information is necessary so that your doctor can tell what does or doesn't work for you.

One piece of information that many patients either forget or are reluctant to tell their doctors about concerns seeing other doctors. If you are seeing more than one—whether for the same illness or for something else entirely—let them all know that. Even if you seek a second opinion, don't be afraid of offending your doctor. All the people involved in your medical care, including your dentist, need to know what you are being treated for and what the treatment is. Certain combinations of medicines or treatments do not work well together or can even be dangerous.

## YOU AND YOUR OTHER HEALTH WORKERS

In addition to your doctor, you will work with many other people. In fact, some of the best advice may come from them as you learn to live with osteoarthritis. We have already described the large roles played by physical and occupational therapists. But don't overlook nurses. Whether you see your doctor in a private office, a hospital, or a clinic, there will probably be at least one nurse nearby who can be helpful in any number of ways.

Patients are often reluctant to ask doctors anything but "scientific" questions. You may be much more comfortable talking with nurses about problems of day-to-day living. Or you may still have a question or two that you forgot to ask when you were with the doctor. Nurses are helpful in getting the information you need. In between doctor visits, they can be helpful, too. For example, they may have good suggestions on making small changes in the way you do things so that you won't have so much pain. They can help you manage your treatment plan so that it doesn't upset your lifestyle. They can also put you in touch with other agencies in the community if you need special services.

If you don't see a nurse in the doctor's office or clinic, ask to be referred to one. Or call the Visiting Nurse Association; there is an office in most cities and towns. Visiting nurses come to the house and can make sure, for example, that you aren't overdoing the exercises. When necessary, they may make suggestions to your doctor for possible changes in your medication or exercises. Sometimes, they may go with you to a doctor's or therapist's appointment.

## COMMUNITY SERVICES

Whether you live in the city or in the country, help is available. Most communities have services that can assist you in many areas of daily living, both at home and at work.

For example, if you have a very young child, you might need a day-care program for the child so that you can have your necessary rest. Homemakers' services might help with grocery shopping if you live where you must go up and down long flights of stairs. If you have trouble driving or live far from town, a drugstore may be able to deliver your medicines.

More and more communities now have a door-to-door service for people who can't drive or have trouble getting around on public buses and subways. Most of the vehicles are vans or wagons that can handle people with crutches, walkers, or wheelchairs. In towns where such transportation is not free, the cost is usually small.

Self-help groups bring together people with similar interests or concerns. By meeting with others with osteoarthritis, you can share your progress, compare exercise programs, and trade ideas on how to cope with problems. Talking with individuals in the same situation usually provides support and encouragement for sticking with a program and understanding that you really can feel better. Mostly, though, self-help groups let you know that you have many friends with osteoarthritis.

Your community probably offers these and other services. If you have any trouble finding what you need, your doctor or nurse should be able to help you. Many hospitals have social workers who can advise you, too.

## HELPFUL AIDS

For most people with osteoarthritis, regular exercise and rest should strengthen the muscles around painful joints so that activities can be performed naturally and comfortably. For some, however, mechanical aids or tools can make it easier to do a wide variety of daily tasks. Several of these aids also protect the joints.

As a general rule, none of the aids should be used unless recommended by a doctor, nurse, or therapist. Some, in fact, can be bought only with a prescription, just like certain medicines. Your doctor, nurse, or therapist will know whether you need any

and which ones might be best for you. One of these people will also teach you how to use them. If an aid is prescribed, be sure to use it. There's no reason to be embarrassed or to feel like a "cripple" just because you need help.

> I refused to use a cane several years ago because of vanity. Since I had my knee operated on, I have used one, and frankly, it's a big help.
>
> —Olive W.

New aids are always being introduced, so you may hear about items not included here.* Some of the more common ones in use today are described below:

- Canes and crutches. By taking the weight off painful joints, canes and crutches let you get around without causing more damage to your hip or knee. They must be used correctly, though.
- Splints. Occasional use of splints, especially for the wrists, can be helpful. Made of stiff plastic, they keep the joint in the proper position during activities and provide support during rest.
- Collars. Neck collars made of sponge rubber or toweling material can support and protect the muscles and joints around the neck.
- Devices for shoes. These include arch supports and wedges to build up one side of a shoe. They can help provide good posture and prevent stress on your hips or knees while you walk.

Of the several other kinds of aids, some are simple and some are fairly complex. The simple ones are usually the best. They are easier to use, are normally cheaper, and generally require fewer repairs. The fewer parts that you have to adjust before you use something, the better. For instance, some things need to be folded up for storage. Before you buy fancy tools, see what you can do with more basic equipment. Perhaps a friend or therapist can build something so that you won't have to buy anything at all. The following are just a few ideas for simple aids:

- If getting in and out of the bathtub is a problem, try using a bath seat. Bath seats fit most tubs and are probably safer than pulling yourself up by a rail. Other bathroom aids include toothbrushes and combs set at an angle for easier grasping, spray attachments for tub or sink faucets for shampooing, raised toilet seats, and special toilet paper holders.

*A wide variety of helpful aids and other tips can be found in *The Arthritis Helpbook: What You Can Do for Your Arthritis*, by K. Lorig and J.F. Fries, Addison-Wesley, Reading, Massachusetts, 1980 (available in paperback; $6.95).

• If your bed or chair feels too low, someone may be able to raise the one you have by putting blocks of wood or a platform underneath the legs. That will be much easier and cheaper than buying new furniture or installing an ejector cushion, a mechanical device that gives you a push when you want to stand up.

• Stair rails or half-steps can be put in doorways. Walkers can help you move from room to room. If you use a walker or cane, have someone remove small throw or scatter rugs.

• Reachers are tools that help you grasp things on high shelves. Special can openers and cooking utensils are also available.

• Clothes with zippers in the front help make dressing easier. Shoes with elastic laces don't need to be tied.

Before buying any special aids, though, be sure to discuss them with your doctor, nurse, or therapist. If these people advise you not to use an item, find out why. It is probably because they think that you can do the chore by yourself, and they don't want you to become dependent on a tool. Remember, if you don't move those muscles and joints, they can stiffen up.

## SEXUAL RELATIONS

There's no reason for osteoarthritis to prevent you from enjoying a good sex life. If you are in much pain, however, you might want to talk with your partner and see what changes can be made. Both of you may have other concerns, too. You may ask, "Will I be able to?" Your partner may ask, "Would it be better for you if we didn't?" These fears and others occasionally lead to sexual difficulties. If this occurs, talk the problem over early, before it becomes long-lasting. Discuss your mutual fears and concerns and talk about what hurts and what feels good.

You will probably find sex more enjoyable if you are rested beforehand—for example, you may be more relaxed on weekends. You may wish to postpone sexual relations at other times, such as when you are having more pain or discomfort than usual or when you are tense, angry, or upset. But remember, even hugging or touching your partner can be comforting for both of you.

If you have any doubts or questions, ask your doctor; both you and your partner need to know what you can and cannot do. Counselors and nurses may also be helpful. Some hospitals put out books and pamphlets with suggested positions for people with osteoarthritis in certain joints. Your doctor or nurse may be able to give you other ideas on how to be more comfortable.

Intercourse can sometimes be made easier by using lubrication on the penis. K-Y Jelly, available at most drugstores, is good. Petroleum jelly should not be used, as it can cause infections of the vagina; also, it is difficult to wash off with soap and water.

Finally, talk with your doctor if contraception is a concern. Some women with osteoarthritis may have difficulty with certain methods of birth control. Your doctor will know what is best for you, your health, and your limitations. Worry about an unwanted pregnancy should not have to interfere with a good sex life.

## WORK

Most people with osteoarthritis continue with their work as long as they want. Having the disease seldom means quitting work, especially if you like your job. Staying busy at a job you enjoy can be good therapy in itself. It keeps you moving and productive, and it keeps you in touch with other people, giving you new things to think about. Some everyday aspects of a job might be harder to perform, however.

> My job as a teacher has definitely been affected; handwriting or typing for any length of time is difficult. I hang in there, though.
>
> —James T.

You may want to think about how you could be more comfortable at work. Some large companies have health programs with nurses who can suggest ways to ease the strain on your joints. A therapist or nurse may be able to visit your workplace and help you figure out possible changes. Your boss might have some ideas, too.

If stairs are a problem, see if ramps can be built at the entrances. Or perhaps your office can be moved from upstairs to the ground floor if there are no elevators in the building. If you usually stand all day, maybe small changes can be made in your job so that you sit down part of the time. If you generally sit, perhaps you can be given some work to do standing up. You may need special aids, such as attachments to let you hold things more easily. An occupational therapist can be helpful here.

Even if you don't need any special tools or changes in your work, it is a good idea to talk with your boss about your osteoarthritis. There may be times when you will need to stay home. Most bosses are more understanding about sick time if they know the reason for it.

If you should need to find new work, take advantage of other resources. Many hospitals and state agencies have rehabilitation programs, counseling services, and training programs. Some also have formal work-evaluation or work-assessment programs, which may be able to advise you on where your other skills could be used.

## OTHER CONSIDERATIONS

As you learn to live with osteoarthritis, you will probably have other questions. In the following, we talk about two concerns that come up for many people.

### Should You Pick Up and Move?

In some cases, arthritis becomes worse when the weather changes or when it is about to rain. Similarly, some people think that living where it is hot and dry might make their condition better. This may be true.

> I feel especially stiff and numb and sore in cold and rainy weather. Extreme changes in temperature—20 degrees or so over a few hours—and long periods of rain bother me most.
>
> —James T.

On the other hand, not all people with osteoarthritis are affected by rain or changes in temperature. And not everyone who lives in a desert climate is helped by that kind of weather. Moving to a drier climate won't guarantee an improvement—or even a change—in your disease.

Many people with osteoarthritis, however, at least think about moving to another part of the country at some time. But moving can be a big step. If you are seriously considering it, look into it from all angles. Can you afford the move? Will you be able to get a good job? Will you be able to continue with your outside interests or find new ones? Will you see your family often enough?

All these questions, and others, need to be answered first. And although your osteoarthritis *may* improve in a different climate, it may stay just the same. Try to think everything out carefully so that you will be sure you are doing the right thing—whichever way you choose.

If you should decide to move, talk it over with your doctor. No matter where you live, you will need medical care. Your doctor

may be able to recommend someone to treat you there and will want to tell that doctor about your particular needs.

### Costs

An area of real concern to people with osteoarthritis is money. The costs of medical care can add up very quickly: visits to the doctor, physical and occupational therapy, medicines, and perhaps special equipment. You may need help with these costs.

Many people have health insurance, which should cover most of the bills. If you are retired, elderly, or disabled, you may be covered by Medicare or Medicaid. Some hospitals and clinics give special discounts to senior citizens. Many of them also set their charges on a sliding scale, which means that you pay only what you can afford.

If you have trouble making payments or can't seem to find answers to money questions, check with someone in your doctor's office. Your town may also have an agency that helps people figure out how to pay big medical bills or where to apply for financial aid.

## TAKING CHARGE

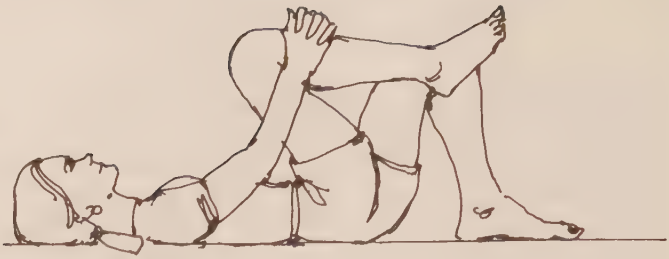
Today, thanks to modern medicine, osteoarthritis for the most part can be controlled, even though much is still unknown about the disease. Research into causes, medications, and surgery continues, and more is being understood all the time.

We have learned, from talking with patients, nurses, and doctors, that often it is not how severe your illness is, but how well you live with it that counts the most. By understanding osteoarthritis and how to manage it, you can deal with it better.

Yes, you may have to make changes, which can be difficult and upsetting. For some people, the disease may seriously interfere with their lives; for a few, real disability may develop. But the large majority find that their lives really aren't all that different after a while. There may be some things that they can't do, but there's still a whole lot that they can do. People feel healthier when they know what's happening. They are willing to do whatever they have to when they realize they are promoting their health.

> For me, living with osteoarthritis has meant never giving up therapy, never giving in to the disease, and, especially, never losing hope.
>
> —Lee F.

APPENDIX:



# EXERCISES

The following pages contain drawings of a few basic exercises.* They are range-of-motion exercises. That is, they move the joints as far as they can go in their natural direction. They are not meant to strengthen the muscles that support the joints. Rather, they are aimed at increasing your range of motion so that you can keep moving and can move more comfortably. Besides working on your affected joints, you may want to exercise certain other joints as well. This will help you stay flexible.

These exercises should *not* replace those that have been prescribed. You should continue with all exercises that have been recommended, since they are specific to your individual needs. The ones here can, however, be done safely in addition to your regular ones. If you are at all unsure about whether you should do any of them, go over those that interest you with your doctor, nurse, or therapist. These people will be happy that you want to do more than you "have to."

In addition to specific advice from your doctor or therapist, some general guidelines for all exercises may be helpful:

- Begin slowly. Run through each one only a few times a day to start with. Gradually increase the number of times you do them as you increase your ability.
- At first, move the joints only as far as is comfortable. Then try to go a little farther.
- Don't push to the point where it really hurts. If a joint is still sore an hour or so after your workout, you have probably done too much. Cut back a little.
- When doing exercises while lying down, avoid putting too much pressure on your back. You may want to reduce the pressure by bending your knees until your feet are flat. Or you may find it

*These exercises have been taken from several sources, including the Arthritis Foundation's *Home Care Programs in Arthritis*. They are recommended for use in maintaining range of motion by Robert Bengston, R.P.T., Chief of Physical Therapy, Beth Israel Hospital, Boston, Massachusetts.

helpful to tuck a pillow under your thighs up against your buttocks. However, you should use this position only when exercising; if you stay in it too long or use it too often, it can lead to stiffness in the hips.

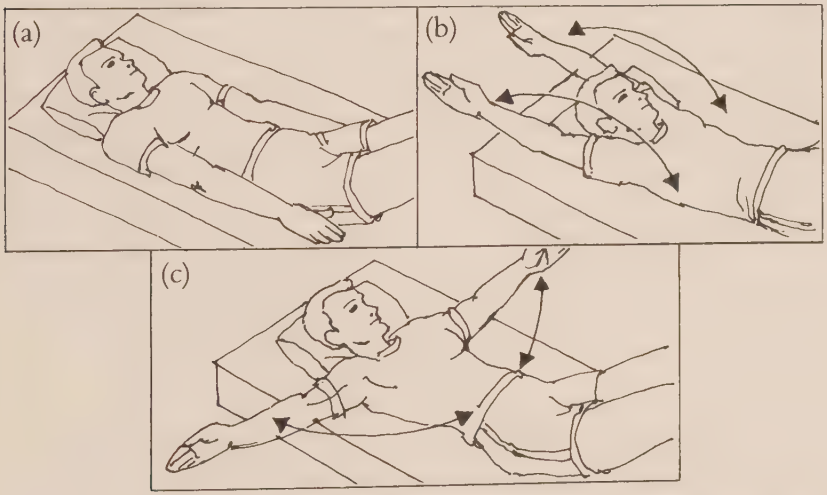
• When exercising your hips, knees, ankles, or feet while lying down, do one leg at a time. That way, they will both get an equal workout. If you do both legs together, the tendency is to concentrate too hard on the affected leg, and the "good" leg doesn't get its share of attention.

• Wear warm clothing. Warmth helps aching joints. If you keep them warm while exercising, you can move them more comfortably.

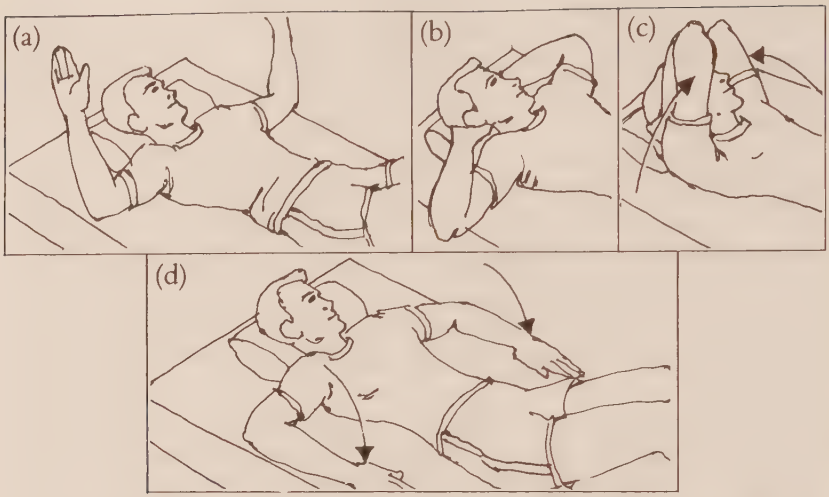
• Don't stop exercising. Exercise sessions should become part of your everyday life. Get into the habit and stay with it. If your joints should be swollen or inflamed, it may still be a good idea to exercise them so that you don't lose what you have gained. Check with your doctor, nurse, or therapist, though, to make sure.

## SHOULDERS AND ELBOWS

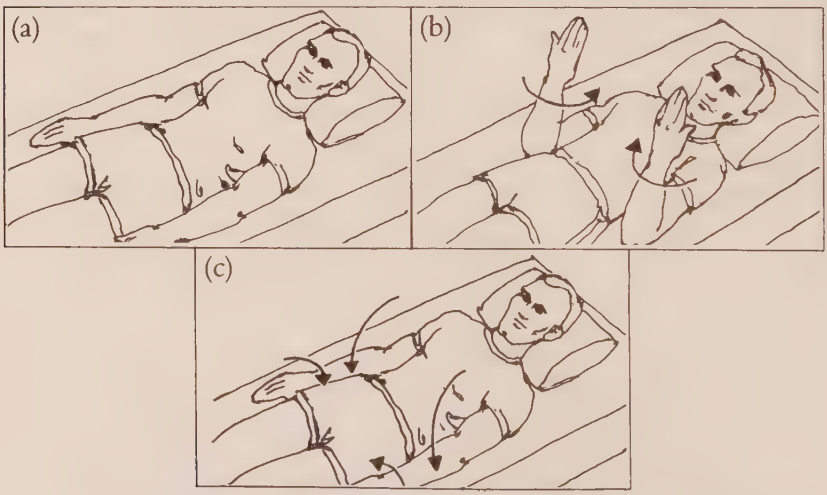
Do these exercises while lying on your back. To reduce the pressure on your back, bend your knees and keep your feet flat or tuck a pillow under your thighs.




1. (a) Lay your arms straight down by your sides, with the palms of your hands down. (b) Keeping your elbows straight, raise your arms over your head as far as possible and return them to your sides. (c) With your elbows still straight, move your arms away from your sides and return.



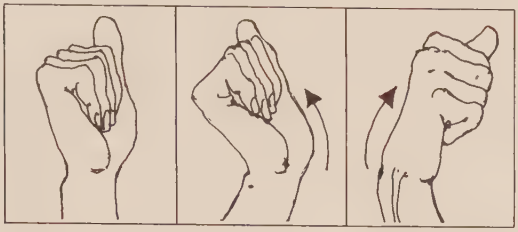

2. (a) Stretch your arms out to the side and bend the elbows so that your hands point up. (b) Move your arms to your head and put your hands under your head, with the backs of your hands flat on the bed. (c) With your hands behind your head, try to bring your elbows together. (d) Return to the first position with your arms out to the side and your elbows bent; move your forearms forward until the palms of your hands are flat on the bed by your sides.



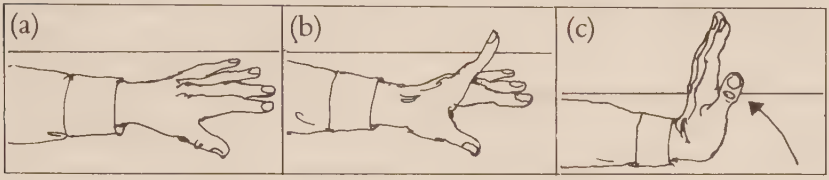

3. (a) Lay your arms by your sides with the palms down. (b) Bend your elbows and turn the palms of your hands toward your face. (c) Straighten the elbows, return your arms to your sides, and turn the palms down.

## WRISTS AND FINGERS

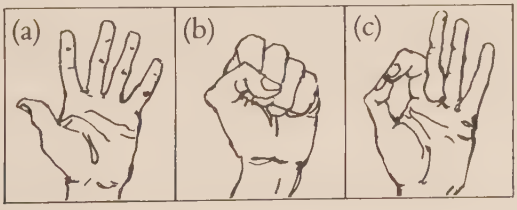
Do these exercises while sitting at a table or other flat surface. Be sure to exercise both hands.



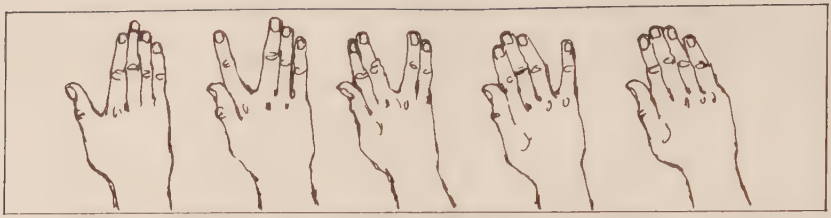
1. With your fingers relaxed, bend your wrist back and forth as far as possible. You can rest your forearm gently on the table or hold your arm up while doing this exercise.




2. (a) Place your hand and forearm down as flat as possible on a table or flat surface. Spread your fingers apart. (b) One by one, lift each finger as high as it will go, keeping the rest of your hand flat. Relax. Do this with your thumb, too. (c) With your fingers straight and your lower arm flat, bend your wrist and lift your whole hand as far back as you can. Relax.



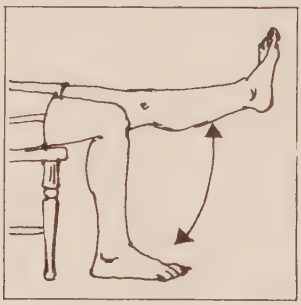

3. Rest your arm gently on the table or hold your arm up. (a) Open your hand, spreading your fingers and thumb wide. (b) Close your hand into as tight a fist as possible. Relax. (c) With your hand open, touch the tip of your thumb to the tip of your index finger, making an O. Open your hand and spread your fingers wide. Continue touching the tip of each finger with your thumb, spreading your fingers wide in between each step. If necessary, use your other hand to push your fingers closer together.



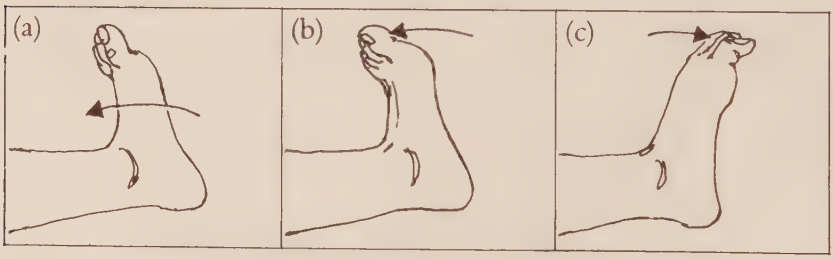
4. Place your hand on a table with your palm down. Move the thumb out to the side. Bring your index finger over to the thumb. Then, one by one, bring the other fingers over, closing the gap, until all your fingers are together. Relax.

### LEGS, ANKLES, AND TOES

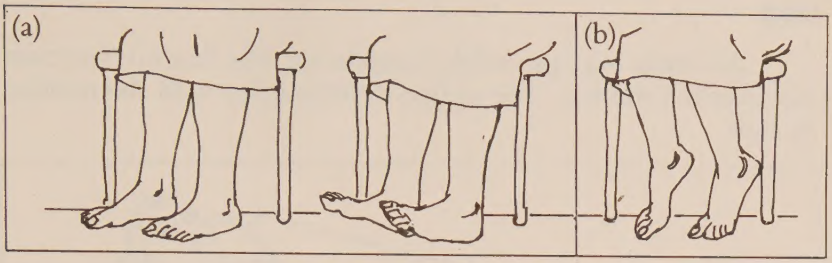
For these exercises, sit comfortably in a chair. Do them in your stocking feet or in bare feet. Do them all several times for each foot or leg.



1. Raise your leg. Straighten it out as far as it will go. Lower it.



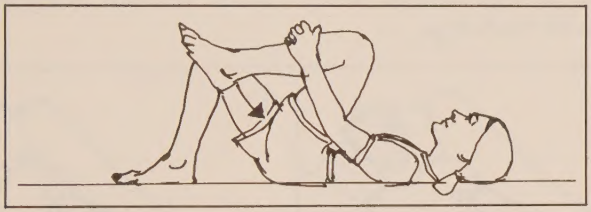

2. (a) With your leg out straight, bend your ankle and point your foot toward you. (b) Curl your toes toward you. (c) Straighten the ankle and curl your toes away from you. Relax and lower your leg. You may find it more comfortable to do this exercise while lying down or with your leg propped up on a footstool or in front of you on a sofa.



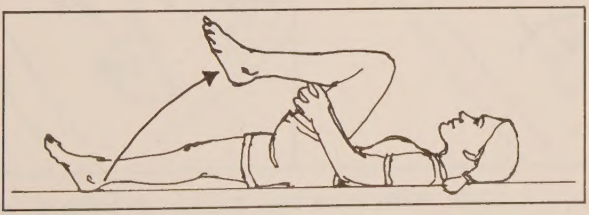

3. (a) With your feet flat on the floor, curl your toes up as far as possible, keeping your heels flat. Relax. (b) With your toes flat on the floor, lift your heels as far as they will go. Relax.

## KNEES

These exercises will help the knees. The first one will also help the hips and the lower back. The second one is also good for the hips. Do both legs, gently and slowly. When working on knees, you don't want to add any more stress than necessary. Therefore, always lie down when doing knee exercises. Repeat each exercise several times.



1. Lie on your back with both knees bent slightly and your feet flat. Raise one leg and bend the knee as far as it will go. Try to touch your buttock with the heel of your foot, pulling very gently with your hands to help. Hold this position for a few seconds and then relax.

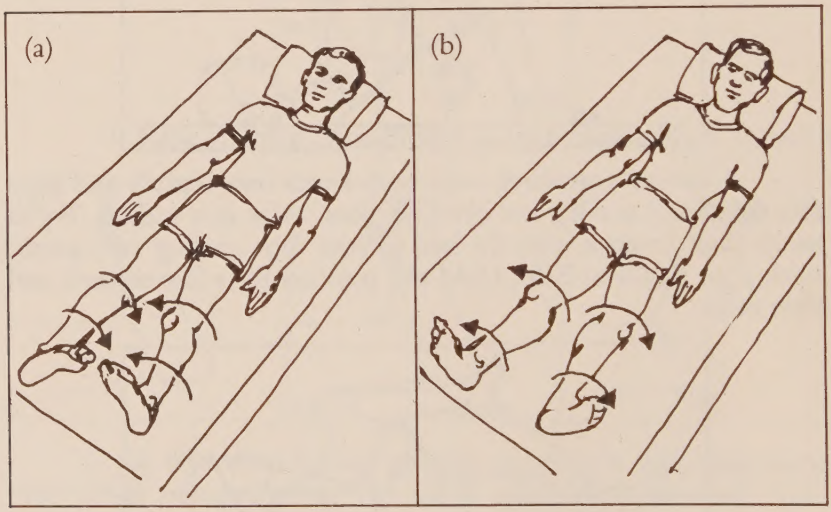


2. Raise one leg and put your hands under your thigh. Bring the knee as close to your chest as possible, pulling with your hands. Hold this position for a few seconds and then relax.

## HIPS

Do these exercises while lying down. The first one increases sideways hip motion. The second exercise helps with the rotation motion.

1. Lie down, with one knee bent and the foot flat. Keeping the other leg straight, stretch it out to the side as far as possible. Coax it just a little farther. Bring it back. Do this an equal number of times with both legs.




2. (a) Lie down with your legs straight in front of you, about 12 inches apart. Roll your legs toward each other, so that your knees and toes point together. Return. (b) Roll your legs away from each other, so that your knees and toes point outward.

Medicine In the Public Interest

This copy presented as a service of

PFIZER LABORATORIES
ROERIG
PFIPHARMECS
DIVISIONS OF PFIZER PHARMACEUTICALS

Y0-BFD-787

Printed in U.S.A.
12 84